

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 2 days

## 3. (a) FULL NAME

Imogene Hughes Allen4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John L. Allen

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 18718. AGE: Years 77 Months 2 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Hancock Wash. Co., Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas C. Hughes13. Birthplace England14. Maiden name Mary Jane Bowhay15. Birthplace England16. Informant M. T. HughesAddress Hancock, Md.17. Burial Date thereof Dec. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Thomas EpiscopalLocation Hancock, Md.18. Funeral director Charles R. BastAddress Hancock, Md.19. Dec. 14, 1948 Registrar W. J. Lynan

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)Street No. Main Street  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1948 at 2:44 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11, 1948 to Dec 13, 1948and that I last saw him alive on December 13, 1948Immediate cause of death Congestive heart failureDue to Circumferential phlebotomyDue to Congestive heart failure

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Antopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. J. Lynan, M.D.Address Hagerstown, Md. Date signed Dec 14, 1948

M. D. or other \_\_\_\_\_

RECEIVED

DEC 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Victor Miller

12847

830

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Hour

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 1 hour

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 King St.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS MARY LORENA KOONTZ BENTZ

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married8. (b) Name of husband or wife Victor B. Bentz8. (c) If alive, give age 78 years7. Birth date of deceased (mo., day, yr.) January 18 18818. AGE: Year 67 Month 10 Day 21 If less than one day  
hrs. min.9. Birthplace Dayton Rockingham Co. Va.  
(Town, county, and state)10. Usual occupation housewife11. Industry or business Own Home12. Name Edward Koontz13. Birthplace Dayton Va.14. Maiden name Sarah White15. Birthplace Dayton Va.16. Informant Victor B. BentzAddress Hagerstown Md.17. Burial Date thereof 12/11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec. 10, 48 Chas. Powers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1948 at 3.3021. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 - 12/9 to 12/9 and that I last saw her alive on 12/9 at 10.48Immediate cause of death cerebral thrombosis 2 hours  
arterio-sclerosis 5-10 years

Due to (2)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Victor D. Miller M. D. or otherAddress 131 W. WASHINGTON ST. Date signed 12/10-1948

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

RECEIVED

RECEIVED

DEC 13 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 years  
Hospital, institution, or street address where death occurred:  
Sherman Ave.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Sherman Ave.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Clinton H. Berger

### 3. (b) Social Security Number

-----

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of husband or wife

Evers L. Berger

6. (c) If alive, give age 53 years

#### 7. Birth date of deceased (mo., day, yr.)

March 1, 1894

#### 8. AGE:

Years

Months

Days

If less than one day

54

9

11

hrs.

min.

#### 9. Birthplace

Middleburg Wash. Co. Md.

(Town, county, and state)

#### 10. Usual occupation

Retail Grocery

#### 11. Industry or business

Self

#### FATHER

##### 12. Name

Henry Berger

##### 13. Birthplace

Middleburg Md.

#### MOTHER

##### 14. Maiden name

Margaret Mullen

##### 15. Birthplace

Middleburg Md.

#### 16. Informant

Mrs. Evers L. Berger

##### Address

Hagerstown Md.

#### 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec. 14, 1948  
(month) (day) (year)

##### Cemetery or crematory

Rest Haven

##### Location

Hagerstown Md.

#### 18. Funeral director

Scott F. Minnich & Son

##### Address

Hagerstown Md.

#### 19.

(Date rec'd by registrar)

Dec 13, 48 Chas. H. Hovest  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1948 5:15a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 16, 1948 to Dec 12, 1948  
and that I last saw him alive on Dec 6, 1948

#### Immediate cause of death

Coronary Arteriosclerotic Heart Disease

#### DURATION

3 years

#### Due to

Obesity

20 years

#### Due to

Chronic Bronchitis

5 years

#### Other conditions

Umbilical Hernia  
Enlarged Stomach & Gastric Ulcer.  
(Include pregnancy within 3 months of death)

1 year

#### Major findings of operations

Date of op.

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

#### 23. SIGNATURE

Salmon M. Weedy, M.D.  
M. D. or other

Address Hagerstown, Maryland Date signed 12-13-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diet. No. 12849 302

1. PLACE OF DEATH: Washington  
 County: Hagerstown  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 years  
 Hospital, institution, or street address where death occurred:  
 722 Potomac Ave.  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Washington  
 City or town: Hagerstown Ave.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: 722 Potomac Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war: .....

3. (a) FULL NAME  
 Lillie I. Brown

3. (b) Social Security Number

4. Sex: Female  
 5. Color or race: White  
 6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife: Joseph C. Brown

6. (c) If alive, give age: .....

7. Birth date of deceased (mo., day, yr.): August 5, 1857

8. AGE: Years: 91 Months: 4 Days: 22 If less than one day: .....

9. Birthplace: Fiddlersburg Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

12. Name: Christian D. Miller

13. Birthplace: Fiddlersville Md.

14. Maiden name: Ann Hartle

15. Birthplace: Fiddlersburg Md.

16. Informant: Lelia F. Moats

Address: Hagerstown Md.

Burial 12-29-48

17. (Burial, cremation, or removal, Which?) Date thereof: (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. Dec 28, 48 Charles Bowers

(Data rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

December 27 48 5:15a

20. DATE OF DEATH: 19... at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

OCT 1 - 18 48 to 12/27 19 48

and that I last saw him alive on December 1 - 19 48

Immediate cause of death: Chronic Subacute Arterio-sclerosis ?

DURATION: .....

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op.: .....

Autopsy results: 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury: .....

Injured at work? .....

23. SIGNATURE: Victor D. Miller

Address: 131 W. WASHINGTON ST.

Date signed: 12/27/48

RECEIVED

DEC 30 1948

BUREAU V. S.

Evidence for change of  
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Kneisley

12850

FILM No. G 118 DEC 13 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Was hington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 34 Years  
Hospital, institution, or street address where death occurred:  
809 Hamilton Blvd  
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 809 Hamilton Blvd  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME

EDGAR HOWARD RYER

3. (b) Social Security Number

220-05-5127

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower

6. (b) Name of husband or wife Clara

6. (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 16 1889 1867

8. AGE: Years Months Days If less than one day  
81 10 19 hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation Tool Designer

11. Industry or business Pangborn Corp

12. Name John Ryer

13. Birthplace Hagerstown Md.

14. Maiden name Susan Stoner

15. Birthplace Waynesboro Pa

16. Informant Paul H. Byer

Address Hagerstown Md.

17. Burial Date thereof 12/7/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec 6 48 Chas. H. Howers  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1948 at 2.30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 24 1948 to December 5, 48

and that I last saw him alive on December 5 1948

Immediate cause of death Cerebral Hemorrhage

DURATION  
12 days

Due to Cardio-Vascular Hypertensive disease, with Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Kneisley M. D. or other

Address 148 W. Washington St. Date signed Dec 6

MARGIN RESERVED FOR BINDING

VS A15 9.45.15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V. S.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH: Washington  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 months  
 Hospital, institution, or street address where death occurred:  
 Gurlock Nursing Home  
 How long in hospital or institution? 13 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Md..... County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 753 W. Washington St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Benjamin H. Clark

3. (b) Social Security Number

None

4. Sex..... Male..... 5. Color or race..... White..... 6. (a) Single, married, widowed, or divorced..... Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... January 5, 1878

8. AGE: Years..... 70..... Months..... 11..... Days..... 13..... If less than one day..... hrs..... min.....

9. Birthplace..... Myersville, Fredco. Md.  
 (Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business..... Farmer

12. Name..... James Calvin Clark

13. Birthplace..... Md.

14. Maiden name..... Amanda Elizabeth Linebaugh

15. Birthplace..... Md.

16. Informant..... David Clark

Address..... 753 W. Wash St. Hagerstown, Md.

17. Burial, cremation, or removal, Which?..... Burial..... Date thereof..... 12-21-48  
 (month) (day) (year)

Cemetery or crematory..... Grossnickles

Location..... W. Myersville, Fredco. Md.

18. Funeral director..... Paul J. Bittle

Address..... Myersville, Md.

19. Dec. 21, 48

(Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 18..... 19..... 48..... at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June..... 19..... 47..... to December..... 19..... 48.....

and that I last saw him alive on December 17..... 19..... 48.....

Immediate cause of death..... Coronary occlusion..... DURATION..... 1/2 hour

Due to.....

Due to.....

Other conditions..... Congestive heart failure 2 yrs.,

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

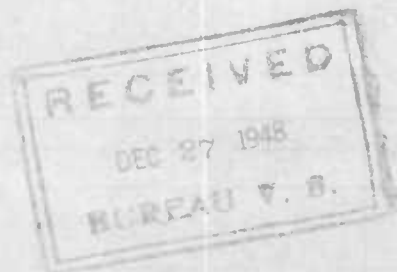
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... 748 N. Potomac St. Hagerstown, Md. Date signed..... 12.20.48





*Earl 148 H. G. Johnson*  
*Opp Y.M.C.A.*  
*Earl Young*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12552  
364

## 1. PLACE OF DEATH

County... Washington

City or town... Hancock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John William Clark

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife... Susan I. Clark

7. Birth date of deceased (mo., day, yr.)... March 10, 1867

8. AGE: Years 81 Months 9 Days 4

If less than one day  
hrs. min.9. Birthplace... Sir Johns Run, W. Va.  
(Town, county, and state)

10. Usual occupation... Retired Railroader

11. Industry or business

12. Name... Ambrose P. Clark

13. Birthplace... W. Va.

14. Maiden name... Rebecca McGowan

15. Birthplace... W. Va.

16. Informant... Mrs. Grace French

Address... Hancock, Md.

17. Burial Date thereof... Dec. 16, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Green Way Cemetery

Location... Berkeley Springs, W. Va.

18. Funeral director... Snyder-Rowland

Address... Hancock, Md.

19. 12/16/48 19... J. H. Heller  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No...

(If rural, give LOCATION)

2. (a) If veteran, name war...

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 14 1948 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 11 1947, to Dec 14 1948

and that I last saw him alive on Dec 13 1948

Immediate cause of death

DURATION

Bronchial Pneumonia

Due to

Arteriosclerosis

Due to

Total. inv. and

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

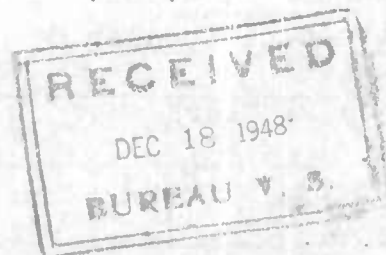
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... M. D. or other

Address... Hancock Md.

Date signed... 12/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

307

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. near Pleasantville  
 (If rural, give LOCATION)

2.(a) If veteran, name war No.

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteSingle

6. (b) Name of husband or wife

Single

7. Birth date of

deceased (mo., day, yr.)

March 5, 1878

8. AGE:

Years

Months

Days

If less than one day

7095

hrs.

min.

9. Birthplace

Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Archibald Colbert

13. Birthplace

Wash. Co. Md.

14. Maiden name

Sidney Ridenour

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs. Anna Jenkins

Address

Cabin John Mt. Co. Md.

17

Burial (Burial, cremation, or removal. Which?)

Date thereof

Dec. 14, 1948  
(month) (day) (year)

Cemetery or crematory

Samuels Manor Cemetery

Location

Samuels Manor Wash. Co. Md.

18. Funeral director

Wm. E. Bart & Sons

Address

Bonshu Md.

19.

(Date rec'd by registrar)

Dec 13 48Mr. Thomas Dugan  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 10 1948 at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Chr. myocardialDue to heart failureDue to Grade IV

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

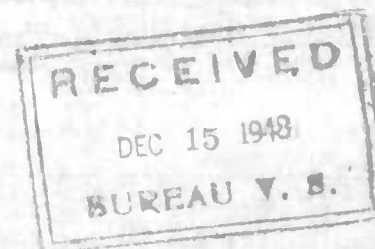
J. Robert Wells  
Hayersbury Md.

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or

Date signed Dec 13 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12854

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington  
 City or town Mapleville  
 (If outside city or town limits, write RURAL and give near-st town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Main Street  
 How long in hospital or institution? at Home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Mapleville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Main Street  
 (If rural, give LOCATION)  
 2(a) If veteran, name war no

## 3. (a) FULL NAME

Mayme E. Fahrney

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

Single

## 7. Birth date of

deceased (mo., day, yr.)

November - 14 - 1878

## 8. AGE:

Years

Months

Days

If less than one day

7010

hrs.

min.

## 9. Birthplace

Mapleville Wash. Co. Md.  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

FATHER

## 12. Name

John E. Fahrney

## 13. Birthplace

Mapleville Wash. Co. Md.

## 14. Maiden name

Sarah Jane Benckhoff

## 15. Birthplace

Ringgold Wash. Co. Md.

## 16. Informant

Miss Katie Fahrney

## Address

Mapleville Md.

## 17. Burial

(Burial, cremation, or removal, Which?)

## Date thereof

Dec. 17, 1948  
(month) (day) (year)

## Cemetery or crematory

Fahrney Cemetery

## Location

n. Mapleville Md.

## 18. Funeral director

Wm. J. Bass & Son

## Address

Boonsboro Md.

## 19. Dec. 17, 1948

(Date rec'd by registrar)

John H. Bass

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December - 14 - 1948 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 30 1948 to Dec 14 1948and that I last saw him alive on Dec 14 1948

## Immediate cause of death

Cancer of Pericard

## DURATION

Aug 30 - 1948

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

John H. Bass

M. D. or other

Date signed 12-15-48



RECEIVED

DEC 20 1948

BUREAU V. S.



Birth ~~Death~~ 12855

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution:  
Washington County Hospital  
 Length of mother's stay in County 6 years  
 (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 837 Mulberry Ave  
 (If RURAL give LOCATION)

3. Name of child

5. Sex male | 6. Twin or triplet

4. Date of birth Dec. 15 1948 Hour 3:21 P. M.

7. No. of weeks pregnancy 22

FATHER OF CHILD

8. Full name William Richard Farnborough  
 9. Color W 10. Age at time of this birth 24 yrs.  
 11. Usual occupation Engineer @ Fairchild

MOTHER OF CHILD

12. Full maiden name Betty Jean Cox  
 13. Color W 14. Age at time of this birth 26 yrs.  
 15. Usual occupation House wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor?

18. Pregnancy, complications of premature separation placenta

19. Labor: (a) Complications of none (b) Induced? no

20. (a) Was there an operation for delivery? no (Yes or No)

(b) State all operations, if any

(c) Did child die before operation? During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes

(b) Maternal causes Premature separation of placenta

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

Signature Robert Vh. Campbell M.D.  
 (Specify if M. D., midwife, or other)

Address Hagerstown Md.

23. (a) Burial (b) Date thereof 12/17/48  
 (Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Rest Haven Cmt

24. (a) Funeral director Robert K. Coffman

(b) Address Hagerstown Md

25. (a) Dec 17 1948 (b) Beatty Bowers  
 (Date rec'd by registrar) (Registrar)

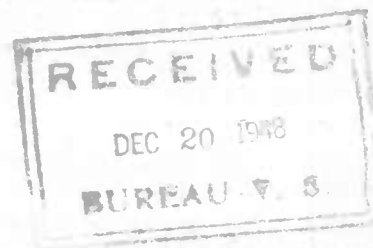
26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

Health Officer, per.

\* See Instruction C on stub.

V. S. A10

Baby lived  
 41 hrs and 59 min.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12856

Reg. Dist. No. 304

## 1. PLACE OF DEATH:

County Washington  
 City or town en route to Hospital  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn County Bedford  
 City or town Bedford  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 200 S. Juliana St  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Dorothy Lou Fisher

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 4, 1929  
 6. (c) If alive, give age. years

8. AGE: Years Months Days If less than one day  
19 2 25 - hrs. - min.

9. Birthplace Philadelphia, Pa  
 (Town, county, and state)

10. Usual occupation Student

11. Industry or business

12. Name James VERNON Fisher13. Birthplace Bedford Co., Penna.14. Maiden name James D'Shay15. Birthplace Bedford Co., Penna.16. Informant James V. FisherAddress 700 S. Juliana St, Bedford, Penna.

17. Burial Date thereof Dec 31, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shrivers Methodist HospitalLocation Bedford, Pa18. Funeral director Charles R. BastAddress Hancock, Md

19. 12/29/48 19 John Heller  
 (Data rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 1948 at 1235 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29, 1948 to Dec 29, 1948

and that I last saw deceased Dec 29, 1948  
 Immediate cause of death Ethylene oxide DURATION

Bilateral fracture both femur  
fracture left humerus

Due to Traumatic

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

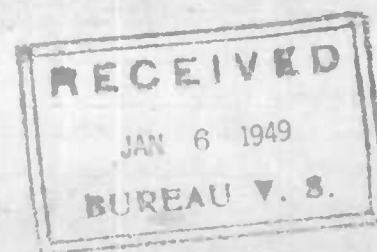
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide accident Date of Dec 29, 1948

Where did injury occur? Bedford, Pa  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at 126  
 Means of injury collision in auto Injured at work? no

23. SIGNATURE C. M. Shaffer M.D.  
 M. D. or other

Address Hancock, Md Date signed 12/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12857

## 1. PLACE OF DEATH:

County WashingtonCity or town St. R Hospital  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn a County BedfordCity or town Bedford  
(If outside city or town limits, write RURAL and give nearest town)Street No. 222 S. Bedford St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Janet E. Mills Fisher

## 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White Married6.(b) Name of husband or wife Bruce M. Fisher

7. Birth date of

deceased (mo., day, yr.)

Dec. 15, 19016.(c) If alive, give age 47 years

8. AGE:

Years

Months

Days

If less than one day

47014— hrs.— min.9. Birthplace Clearville Bedford Co. Penna.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business —

FATHER

12. Name

Edward E. Mills

13. Birthplace

Clearville Bedford Co. Penna.

MOTHER

14. Maiden name

Sadie Weimer

15. Birthplace

Clearville Bedford Co. Penna.16. Informant Bruce M. Mills FisherAddress 222 S. Bedford St. Bedford Penna.17. Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Dec 31, 1948  
(month) (day) (year)

Cemetery or crematory

Shavers Mith Chapel

Location

Bedford Pa

18. Funeral director

Charles R. Bast

Address

Hancock, Md.

19.

(Date rec'd by registrar)

19

J. H. Keller  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1948 at 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 29 1948 to Dec 29 1948and that I last saw her dead Dec 29 1948

Immediate cause of death

Concussion  
Military injuries  
and abrasions

Due to

Force operation  
of golf club

Due to

Drainage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec 29, 1948Where did injury occur? Marionburg Bulon Co  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Auto collision Injured at work? no

23. SIGNATURE

J. H. Keller  
M. D. or other  
Address Hancock, Md. Date signed 12/29/48

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JAN 6 1949

BUREAU V. S.

EVIDENCE FOR ADDITION IN  
#21 SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 25 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
County Hagerstown  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 60 years  
Hospital, institution, or street address where death occurred:  
406 N. Jonathan Street  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 406 N. Jonathan Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Charles H. Ford

3. (b) Social Security Number None

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife Maudie Ford  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) December 6, 1860  
8. AGE: Years 88 Months 7 Days 7 If less than one day  
..... hrs. .... min.

9. Birthplace Not Known  
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

12. Name Not Known

13. Birthplace Not Known

14. Maiden name Not Known

15. Birthplace Not Known

16. Informant Mrs. Leila Branch

Address 406 N. Jonathan Street

17. Burial Burial Date thereof 12/15/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William H. Downey

Address 291 Frederick St Hagerstown

19. Dec 15, 48 Blair Bowers  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1948 at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
OCTOBER 19 48 to DECEMBER 13, 48  
and that I last saw him alive on DECEMBER 11, 1948

Immediate cause of death HYPSTATIC PNEUMONIA

Due to SENILITY

Underlying cause was Chronic ulceration of legs bilaterally

Other conditions Apparent

(Include pregnancy within 3 months of death) 12/20/48 etc

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Alan Harris MD

Address 651 Pennsylvania Date signed 12/14/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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DEC 17 1948

BUREAU V. S.

78

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12859

888

## 1. PLACE OF DEATH:

County Washington  
City or town Western Pike, Near St. Paul's  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LIFE  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County Washington  
City or town Rural, Western Pike, Near St. Paul  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Grace Forsythe

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Grover C. Forsythe

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 18918. AGE: Years Months Days It less than one day  
57 1 21 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Clearspring, Maryland  
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name James Hull13. Birthplace Penna.14. Maiden name Anna V. Hull

15. Birthplace

16. Informant Mr. Grover C. Forsythe  
Address Western Pike, Near St. Paul,17. Burial Date thereof Dec. 27, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Paul's Cemetery  
Location Western Pike, Near Clearspring, Md18. Funeral director Snyder & Rowland  
Address Clearspring, Maryland19. Dec. 27 19 48 Joseph W. Murray  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 24, 19 48, at 4:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
JANUARY 4, 1938 to DECEMBER 24, 1948and that I last saw him ER alive on DECEMBER 23, 1948

Immediate cause of death

CARCINOMA OF THE RECTUM

DURATION

4 YEARS

Due to

Other conditions DIABETES MELLITUS3 YEARS

(Include pregnancy within 8 months of death)

Major findings of operations CARCINOMA OF RECTUMDate of op. Nov. 17, 1945Autopsy results NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Arthur Robert Cohen M. D.Address CLEAR SPRING, MD Date signed 12/27/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 3 1949

BUKEAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Pangborn Corp., Pangborn Blvd.How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 915 Corbett St.  
(If rural, give LOCATION)2.(a) If veteran, name war non-vet.

## 3. (a) FULL NAME

LUTHERMICHAELFOUKE

## 3. (b) Social Security Number

214-09-5930

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Angeline Berry Fouke6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) August 14, 18898. AGE: Years Months Days If less than one day  
59 3 22 hrs. min.9. Birthplace Hagerstown, Wash. Co., Md.  
(Town, county, and state)10. Usual occupation Foreman11. Industry or business Sheet Metal Dent.12. Name James Fouke13. Birthplace Shepherdstown, W. Va.,14. Maiden name Ina F. Lidy15. Birthplace Hagerstown, Md.16. Informant Mrs. Angeline FoukeAddress 915 Corbett St., Hagerstown, Md.17. Burial Date thereof 12/9/48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematorium Rose HillLocation Hagerstown, Md.18. Funeral director W. T. NormentAddress Hagerstown, Md.19. Dec. 8, 48 Registrar Black Bowers  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1948 at 9:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1-48 to Dec 6-48and that I last saw him alive on Dec 4-48

Immediate cause of death

Coronary DiseaseDURATION 20 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE S. B. Smith M. D. or otherAddress Hagerstown, Md. Date signed 12/9/48

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH Dr. Lusby

2411 N. Charles St., Baltimore

12861

## CERTIFICATE OF DEATH

1860

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:  
Garlock Nursing Home  
1 Year  
 How long in hospital or institution? 1 Year

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State W. Va. County Berkeley  
 City or town Martinsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 228 So. Tennessee Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS LILLIE FREY

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Joseph  
 6.(c) If alive, give age 0 years

7. Birth data of deceased (mo., day, yr.) November 17 1865  
 8. AGE: Years 83 Months 0 Days 22 (If less than one day) hrs. min.

9. Birthplace Winchester Frederick Co. Va.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Joseph Funkhouser

13. Birthplace Winchester Va.

14. Maiden name Elizabeth Beeler

15. Birthplace Hagerstown Md.

16. Informant Mrs. M. J. Hennesy

Address Big Pool Md.

17. Burial Burial Date thereof 12/11/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Dale Cemetery

Location Martinsburg W. Va.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. Dec 10 48 Phost Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1948 at 10.50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1947 to 9 Dec 1948  
 and that I last saw her alive on 8 Dec 1948

Immediate cause of death arterio sclerosis cardiac vascular  
disease with myocardial infarction  
 DUE to stroke from fatty nut of heart in Dec 48  
 DURATION 10 yrs +

Due to stroke from fatty nut of heart in Dec 48

Due to stroke from fatty nut of heart in Dec 48

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7 Dec 48

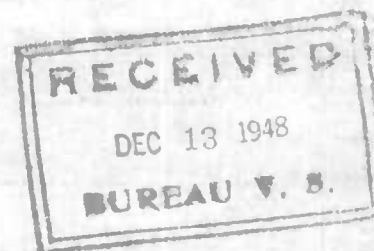
Where did injury occur? Hagerstown (City or town) Md (County) Md (State)

Injured at home, farm, industry, public place (where?) home (Nursing Home)

Manner of injury Fell out of bed Injured at work? N

23. SIGNATURE J F Lusby M. D. or other

Address 230 N Prince Date signed 10 Dec 48





# MARYLAND STATE DEPARTMENT OF HEALTH

2421 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

### 1. PLACE OF DEATH:

County Washington  
City or town Smithsburg #2  
(If inside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Washington  
City or town Smithsburg P.F.D. #2  
(If inside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mrs. Sallie Oswald Frey

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Benjamin Frey

7. Birth date of deceased (mo., day, yr.) 1865 5.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 83 Months 3 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Near Smithsburg  
(Town, county, and state)

10. Usual occupation House Duties

### 11. Industry or business

12. Name Benjamin Oswald

13. Birthplace Near Smithsburg

14. Maiden name Sophia Bell

15. Birthplace Near Smithsburg

16. Informant Mrs. Peyton Bos

Address Smithsburg R.F.D. #2

17. Buried Date thereof 12-22-48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Walter's Northern Cemetery

Location Wallsville Md

18. Funeral director Walter U. Groove

Address 278 Church St. Waynesboro Pa.

19. Dec 20 1948 Dr. H. Ferguson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1948 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1948 to Dec 19 1948 and that I last saw him alive on Dec 19 1948

Immediate cause of death Cerebral Hemorrhage DURATION 4 days

Due to Arterio-sclerosis 10 yrs

Due to Connatig

Other conditions L

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. C. Koller M. D. another

Address Smithsburg Date signed 12/20/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 22 1948  
BUREAU A. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12863 305

## 1. PLACE OF DEATH:

County WashingtonCity or town Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yearsHospital, institution, or street address where death occurred: Snifford Nursing HomeHow long in hospital or institution? 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. Hotel Boone  
(If rural, give LOCATION)2. (a) If veteran, name war No.

## 3. (a) FULL NAME

Harry Baker Gallaher

## 3. (b) Social Security Number

217-28-5608

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Katie Schlee Gallaher

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 23 - 1867

8. AGE:

81 Years6 Months14 Days

If less than one day

hrs.min.9. Birthplace Boonsboro Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Retired Bus Tender

11. Industry or business

12. Name John Gallaher13. Birthplace Boonsboro Wash. Co. Md.14. Maiden name Eliza Ellen Gallaher15. Birthplace Wash. Co. Md.16. Informant Miss Alleine FordAddress Boonsboro Md.17. Buried Date thereof Dec. 9, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Boonsboro CemeteryLocation Boonsboro Md.18. Funeral director Wm. J. Best & SonAddress Boonsboro Md.19. Dec. 9, 1948 John H. Best  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1948, at 8:15 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 4 1948 to Dec. 7 1948and that I last saw him alive on Dec. 6 1948

Immediate cause of death

Cirrhosis of Liver

DURATION

1 hr. 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Best M. D. anotherAddress Boonsboro Md. Date signed 12/8/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 336 S. Locust St.  
(If rural, give LOCATION)2.(a) If veteran, name war non-vet.

## 3. (a) FULL NAME

EITHELFLORENCEGARRETT

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteMarried6. (b) Name of husband or wife Irving Garrett6. (c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) March 31, 18888. AGE: Years Months Days If less than one day  
60 8 11 hrs. min.9. Birthplace Front Royal, Warren Co., Va.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business -12. Name Patrick Henry  
13. Birthplace Front Royal, Va.14. Maiden name Eliza Ramey  
15. Birthplace Front Royal, Va.16. Informant Mrs. Pauline Miller - Daughter  
Address South Potomac St., Hag., Md.17. Burial Date thereof 12/23/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.18. Funeral director W. T. NormentAddress Hagerstown, Md.19. Dec. 22, 48 Charles Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1948 at 3:05 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9, 1948 to Dec. 20, 48  
and that I last saw him alive on December 19, 1948Immediate cause of death Carcinomatosis  
general of abdominal cavity  
Probably primary in uterine

DURATION

?

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations Dec. 13 - General carci-  
nomatosis of abdomen Date of op. Dec. 13, 1948Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. Bree M. D. or otherAddress Hagerstown, Md. Date signed 12/31/48

RECEIVED  
DEC 27 1948  
BUREAU V. S.



37

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

12865

131a

## 1. PLACE OF DEATH:

County Washington  
 City or town Pondsville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 1/2 years  
 Hospital, institution, or street address where death occurred:  
Smithsburg - R. 2.  
 How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Pondsville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Smithsburg R. 2.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war No.

## 3. (a) FULL NAME

## 3. (b) Social Security Number

Jessie May Gross

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Jonas Gross  
 7. Birth date of deceased (mo., day, yr.) January 8, 1859  
 8. AGE: Years 89 Months 11 Days 10 If less than one day hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH December - 18, 1948, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 18, 1948 to Dec 18, 1948  
 and that I last saw him alive on Dec 18, 1948

Immediate cause of death Cerebral Thrombosis DURATION 4.5 hrs

Due to Cardio Vascular Renal disease  
 Due to Arterio Sclerosis 7 yrs  
10 yrs

Other conditions L

(Include pregnancy within 8 months of death)

Major findings of operations L

Date of op. L

Autopsy results L

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide L Date of L

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. G. K. Oiler M. D. or other

Address Smithsburg Date signed 12/20/48

9. Birthplace hr. Middletown Fred. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation House wife  
 11. Industry or business Own Home  
 12. Name Henry Kephart  
 13. Birthplace Fred. Co. Md.  
 14. Maiden name Frances Youngkins  
 15. Birthplace Fred. Co. Md.  
 16. Informant Mrs. Harry Rudy  
 Address Smithsburg Md. R. 2.  
 17. Burial Date thereof Dec. 21, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Boonsboro Cemetery  
 Location Boonsboro Md.  
 18. Funeral director Wm. J. Bart & Sons  
 Address Boonsboro Md.  
 19. Dec 20, 1948 Geo. H. Ferguson  
 (Date rec'd by registrar) Registrar

Dr. Kahler

RECEIVED

DEC 27 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

19. Funeral director

Address

19. Dec 26

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

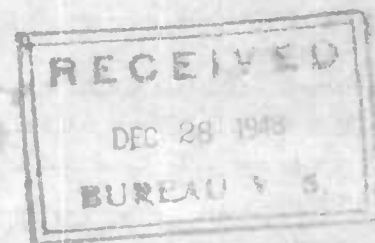
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
Life  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
37 Fairground Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 37 Fairground Avenue  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Clara Louise Hawthorne

## 3. (b) Social Security Number

NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

8. (b) Name of husband or wife  
 6. (c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.) October 20, 1871  
 8. AGE: Years Months Days If less than one day  
77 1 18 .....hrs. ....min.

9. Birthplace... Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation... Retired Supervisor  
 11. Industry or business

MOTHER FATHER  
 12. Name... Theodore Hawthorne  
 13. Birthplace... Hagerstown, Maryland  
 14. Maiden name... Sara Jane Dellenhans  
 15. Birthplace... France

16. Informant... Mrs. Rebecca Stevenson  
 Address... Hagerstown, Maryland  
 17. Burial... 12-11-48  
 (Burial, cremation, or removal, which?) Date thereof... (month) (day) (year)  
Rose Hill Cemetery  
 Cemetery or crematory...  
 Location... Hagerstown Maryland  
C. M. Suter & Sons  
 18. Funeral director...  
 Address... Hagerstown, Maryland

19. Dec 10, 1948 Chastlow  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 12/8 - 48 at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 48 to 12/8 19 48  
 and that I last saw her alive on 12/7 - 48

Immediate cause of death... Cerebral Hemorrhage  
arterio-sclerosis  
 DURATION 3 days

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... 0

...Date of op. ....

Autopsy results... 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... 0 Date of ...

Where did injury occur? ... 0 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Victor D. Miller  
VICTOR D. MILLER  
 M. D. or other

Address... 131 W. WASHINGTON ST.  
 Date signed 12/9 1948

RECEIVED

DEC 13 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12868

302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 46 years  
Hospital, institution, or street address where death occurred:  
233 Frederick Street  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 233 Frederick Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Della A. Haynes

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Henry W. Haynes  
6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Feb. 7, 1875  
8. AGE: Years 73 Months 9 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Boonsboro, Wash. Co., Maryland  
(Town, county, and state)

10. Usual occupation Home Duties

### 11. Industry or business

12. Name Issac Kline  
13. Birthplace Beaver Creek, Md.  
14. Maiden name Susan Miller  
15. Birthplace Frederick, Co., Maryland

16. Informant Roger E. Haynes Hagerstown  
Address 108 E. Washington St. Md.

17. Burial Date thereof Dec. 8, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Boonsboro Cemetery  
Location Boonsboro, Maryland

18. Funeral director Fred W. Kraiss  
Address Hagerstown, Maryland

19. Dec. 8, 1948 Ghost Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1948 at 4:10 P.M.  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 4, 1948 to Dec. 5, 1948  
and that I last saw him alive on Dec. 4, 1948

Immediate cause of death Coronary Thrombosis DURATION 2 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis Syn.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE D. J. Beasley M.D. M. D. or other Dec. 6, 1948  
Address Hagerstown, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

RECEIVED

RECEIVED

DEC 10 1948

BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12869 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 18 years  
Hospital, institution, or street address where death occurred:  
2410 Virginia Ave.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2410 Virginia  
(If rural, give LOCATION)  
2.(a) If veteran, name war none

### 3. (a) FULL NAME

George Conrad Henson

### 3. (b) Social Security Number

716-03-2042

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Helen V. 6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1882

8. AGE: Years 66 Months 2 Days 5 It less than one day hrs. min.

9. Birthplace Downsville, Wash. Cty., Md.  
(Town, county, and state)

10. Usual occupation Laborer, retired

11. Industry or business Penna. Rwy. Co.

12. Name John Henson

13. Birthplace Downsville, Md.

14. Maiden name Clara Scott

15. Birthplace Downsville, Md.

16. Informant Raymond S. Henson

Address Hagerstown, Md.

17. Burial Burial Date thereof Dec. 28, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Tilghwanton, Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. Dec. 22, 48 Chas. H. Boweels  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1948, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 - 48 to Dec 24 - 48

and that I last saw him alive on Dec 24 - 48 19

Immediate cause of death Acute Thromb. Pneumonia

Due to Chronic Myocardial Infarct Grade 4

Due to Chronic Myocardial Infarct Grade 4

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE SW Oelt M. D. or other

Address Hagerstown, Md. Date signed 1/2/49

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

3021

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 weeks  
 Hospital, institution, or street address where death occurred:  
834 Chestnut Street  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Rural - Keedysville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Keedysville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war non-vet.

## 3. (a) FULL NAME

MARY DOROTHY HILL

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Will iam Hill 6.(c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) September 13, 1874  
 8. AGE: Years 74 Months 2 Days 20 If less than one day hrs. min.

9. Birthplace Rural-Leiters burg, Wash.Co., Md  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business none

MOTHER FATHER  
 12. Name George Coss  
 13. Birthplace Ohio  
 14. Maiden name Georgetta S. Lyday  
 15. Birthplace Maryland

16. Informant Mr. Ralph Z eigler (son)  
 Address Waynesboro, Pa.

17. Burial Date thereof 12/6/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Long MeadowLocation Washington Co., Md.18. Funeral director W. T. NormentAddress Hagerstown, Md.

19. Dec. 6 19 48 Chas H Bowser  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 19 48 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 to Dec 3 19 48  
 and that I last saw him alive on Nov. 27 19 48

Immediate cause of death Coronary occlusion  
 DURATION 5 minutes

Due to .....

Other conditions Coronary Occlusion 6 hrs.

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Chas H Bowser M. D. or other

Address Hagerstown Md Date signed 12/6/48

RECEIVED

DEC 8 1948

BUREAU V. S.



M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12871

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
117 South Potomac Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 117 South Potomac Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Nettie Hoffman

3. (b) Social Security Number  
NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) October 15, 1870  
 8. AGE: Years 78 Months 1 Days 21 It less than one day ..... hrs. .... min.

9. Birthplace Beaver Creek, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Joseph T. Hoffman  
 13. Birthplace Hagerstown, Maryland

14. Maiden name Mary McCauley  
 15. Birthplace Beaver Creek, Maryland

16. Informant Mrs. A. P. Stauffer  
 Address Hagerstown, Maryland

17. Burial Date thereof 12-8-48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery  
Hagerstown, Maryland  
 Location

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Dec. 8, 1948 Registrar Chas. H. Howard  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1948 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1948 to Dec. 5, 1948  
 and that I last saw him alive on Dec. 4, 1948

Immediate cause of death

Coronary occlusion minutes  
Arterio-sclerotic heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. S. Stauffer, M.D. M. D. or other

Address Hagerstown, Md Date signed Dec 6, 1948

RECEIVED

DEC 10 1948

BUREAU V. S.

*Dr. Stouffer*

~~Birth~~ Death

12872

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street address, hospital, or institution:  
413 Elizabeth Street  
Length of mother's stay in County Life  
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland  
County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 413 Elizabeth St  
(If RURAL give LOCATION)

3. Name of child Martin Luther Hussong, Jr.

4. Date of birth Dec. 24 19 48 Hour 3:45 P.M.

5. Sex Male 6. Twin or triplet No

7. No. of weeks pregnancy

FATHER OF CHILD

MOTHER OF CHILD

8. Full name Martin L. Hussong

12. Full maiden name Mary F. Riley

9. Color W 10. Age at time of this birth 54 yrs.

13. Color W 14. Age at time of this birth 39 yrs.

11. Usual occupation Brakmn Penna. Rail Road

15. Usual occupation Home Duties

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? During labor? X

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of None

(a) Fetal causes Prematurity (6 1/2 months)

19. Labor: (a) Complications of None

(b) Maternal causes

(b) Induced?

20. (a) Was there an operation for delivery? No

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

(b) State all operations, if any.

Signature [Signature]  
(Specify M, D., midwife, or other)

(c) Did child die before operation?

During operation?

Address 148 N. Potomac St., Hagerstown

23. (a) Burial (b) Date thereof Dec. 28, 1948

25. (a) Dec. 28, 1948 (b) Charles H. Hovens

(Burial, cremation or removal) (month) (day) (year)

(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Rose Hill Cemetery

24. (a) Funeral director Fred W. Kraiss

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

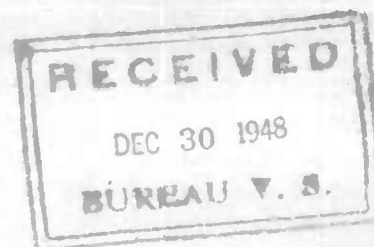
(b) Address 139 N. Potomac St. Hagerstown Md.

Health Officer, per

\* See Instruction C on stub.

Child lived 14 hours.

V. S. A10



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12853

## 1. PLACE OF DEATH:

County WashingtonCity or town Wagonsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 7 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Funkstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Main st.  
(If rural, give LOCATION)2.(a) If veteran, name war No.

## 3. (a) FULL NAME

Sarah E. Jaeminger

## 3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife Single

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) September 28 - 18678. AGE: Years 81 Months 2 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Funkstown Wash. Co. Md.  
(Town, county, and state)10. Usual occupation Retired School Teacher11. Industry or business Wash. Co. Schools12. Name Arthur J. Jaeminger13. Birthplace Funkstown Wash. Co. Md.14. Maiden name Martha Fisher15. Birthplace Funkstown Wash. Co. Md.16. Informant Robert K. JaemingerAddress Funkstown Md.17. Burial Date thereof Dec. 4, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Funkstown CemeteryLocation Funkstown Md.18. Funeral director Wm. J. Best & SonAddress Boonsburg Md.19. Dec. 3, 1948 Frank Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1948 at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24, 1948 to Dec 1, 1948and that I last saw him alive on Dec 1, 48Immediate cause of death acute myocardial infarction in 4 ventriclesperforation, hemopericard.Due to acuteDue to adhesions & postoperative, operation 20 yearsOther conditions apo.

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Signature Philip Fisher

23. SIGNATURE \_\_\_\_\_ M. D. or other \_\_\_\_\_

Address Wash Co. Hosp. Date signed 12-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County Hagerstown  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 years  
 Hospital, institution, or street address where death occurred:  
436 N. Jonathan Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 436 N. Jonathan Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

3. (a) FULL NAME James Franklin Jackson

3. (b) Social Security Number 214-09-9212

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Willette Roldie Jackson  
 7. Birth date of deceased (mo., day, yr.) 9/19/1912  
 8. AGE: Years 36 Months 3 Days 10 If less than one day  
 8. (c) If alive, give age 38 years

9. Birthplace Sharpsburg, Wash. Md.  
 (Town, county, and state)  
 10. Usual occupation Janitor

11. Industry or business

12. Name Robert Jackson

13. Birthplace Sharpsburg, Md.

14. Maiden name Edna King

15. Birthplace Sharpsburg, Md.

16. Informant Mrs. W. Roldie Jackson

Address 436 N. Jonathan Street

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 1/2/49  
 (month) (day) (year)  
 Cemetery or crematory Solomon Chapel Cemetery  
Sharpsburg, Md.

Location William H. Downey

18. Funeral director 291 Frederick St. Hagerstown

19. Jan 1 19 49 Blair Flowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 48 at 3:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 19... to 19...  
 and that I last saw him... alive on 19...

Immediate cause of death Asphyxia from illuminating gas poisoning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Suicide Date Dec. 29 '48

Where did injury occur? Hagerstown, Wash. Md.  
 (City or town) (County) (State)

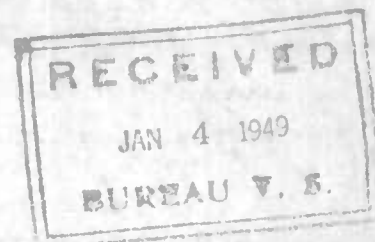
Injured at home, farm, industry, public place (where?) Home  
 Means of injury illuminating gas poisoning Injured at work? No

23. SIGNATURE W. R. D. Mullen DEPUTY MEDICAL EXAM.  
Hagerstown, Md. WASH. CO., MD.  
 Address Date signed Dec 31 '48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
County Hagerstown  
City or town 22 years  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 22 years  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 20 North Ave.  
(If rural, give LOCATION) -----  
2.(a) If veteran, name war -----

3. (a) FULL NAME Nettie M. Jaynes

3. (b) Social Security Number  
217-28-6040

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Sidney B. Jaynes  
7. Birth date of deceased (mo., day, yr.) April 5, 1897 8. (c) If alive, give age 57 years  
8. AGE: Year 51 Month 8 Days 14 If less than one day ----- hr. ----- min.

9. Birthplace York York Co. Pa.  
(Town, county, and state)  
10. Usual occupation House Wife  
11. Industry or business Own Home  
12. Name John Landis  
13. Birthplace York Co. Pa.  
14. Maiden name Elizabeth J. Emig  
15. Birthplace York Co., Penna.

16. Informant Sidney B. Jaynes  
Address Hagerstown Md.

17. Burial 12-23-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Green Mount Cemetery  
Location York, Penna.  
18. Funeral director Scott F. Minnich & Son  
Address Hagerstown Md.

19. Dec. 21, 48 Chas. Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 48 at 6:40 p  
19 48 at 6:40 p

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 48 to December 19 48  
and that I last saw him alive on December 19 48

Immediate cause of death Cerebral hemorrhage DURATION 2 hours

Due to -----  
Due to -----

Other conditions Vascular hypertension in  
Generalized arteriosclerosis 10 years  
(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. -----

Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide None Date of -----  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Chas. Bowers M. D. or other  
Address Hagerstown Md Date signed 12/20/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12875

830

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DATE OF DEATH

DECEASED

NAME

AGE

SEX

RACE

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

MANNER OF DEATH

DATE OF INTERVIEW

INTERVIEWER

REPORTING OFFICER

DATE OF REPORT

RECEIVED  
DEC 27 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

306

## 1. PLACE OF DEATH:

County Washington  
 City or town Cascade  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months  
 Hospital, institution, or street address where death occurred:  
Pitche Hosp.

How long in hospital or institution? 3 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Anne Arundel  
 City or town Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Franklin St.  
 (If rural, give LOCATION)

2(a) If veteran, name war

## 3. (b) Social Security Number

## 3. (a) FULL NAME

John Johnson  
 4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 21, 1872  
 8. AGE: Years 76 Months 10 Days 9 If less than one day hrs. min.

9. Birthplace Anne Arundel Co.?  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Hosp. records

Address

17. Burial Date thereof Jan 4, 1949  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. MatthewsLocation Shady side18. Funeral director W.B. BrownAddress Princess Anne19. 1949 19 1949

(Date rec'd by registrar)

John B. Brown  
 Reg. Seal Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 48 at 12:05 PM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Sept 30 19 48 to Dec 30 19 48  
 and that I last saw him alive on Dec 29 19 48

Immediate cause of death Angina pectoris, left ventricular failure, arteriosclerosis  
 Due to arteriosclerosis

Due to Chronic pyelonephritis  
 Other conditions Chronic pyelonephritis  
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE Thomas M. Cunningham MDAddress Pitche Hosp. Cascade MDDate signed 12/30/48

## DURATION

9 mos.

?

?

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JAN 5 1949

BUREAU T. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County Hagerstown  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 years  
 Hospital, institution, or street address where death occurred:  
County Jail  
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 22 Ruby Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Whitfield Johnson

3. (b) Social Security Number  
216-14-6673

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 22, 1914 8. (c) If alive, give age years

8. AGE: Years 34 Months 2 Days 23 If less than one day  
 hr. min.

9. Birthplace Burgetttsville, Md.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John William Johnson

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Maggie Johnson

15. Birthplace Middletown, Md.

16. Informant John William Johnson

Address Middletown, Md.

17. Burial, cremation, or removal, Which? Burial Date thereof 12-20-48  
 (month) (day) (year)

Cemetery or crematory Burgetttsville

Location Burgetttsville

18. Funeral director Wm H. Dameron

Address 291 Frederick St Hagerstown

19. Dec 18. 1948 Registrar Frank Bowens

MEDICAL CERTIFICATION  
 20. DATE OF DEATH December 16, 1948 at 12:50 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 19 to 19  
 and that I last saw him alive on 19

Immediate cause of death  
Acute broncho pneumonia & Chronic alcoholism (dx)

DUE TO

DUE TO

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

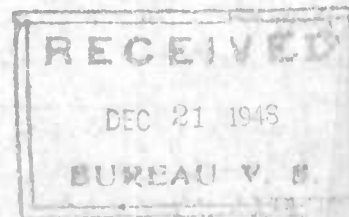
23. SIGNATURE J. Rohrer & Wells DEPUTY MEDICAL EXAM  
 Address Hagerstown, Md. Date signed 12/17/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VS A15

9-45

PI PAGE...

1

MARGIN RESERVED FOR BINDING

ANY V WITH UNFADING INK Supply every item of information carefully. The correct area

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, institution, or street address where death occurred:  
21 W. Antietam St.

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 21 W. Antietam Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Russell Gilbert Jones

### 3. (b) Social Security Number

216-01-0922

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Francis E. Jones

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1895

8. AGE: Years Months Days If less than one day  
63 9 17 hrs. min.

9. Birthplace Sherrersburg Maryland  
(Town, county, and state)

10. Usual occupation Government Employee

11. Industry or business

12. Name E. H. Jones

13. Birthplace Harrisonburg, Va.

14. Maiden name Mary E. Rusmiselle

15. Birthplace Middleburg, Va.

16. Informant Mrs. Francis Jones

Address 21 W. Antietam St. Hagerstown Maryland

17. Burial Date thereof Dec. 31, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mercersburg Cemetery

Location Mercersburg, Penna.

18. Funeral director Fred. W. Kraiss

Address Hagerstown Maryland

19. Dec. 31, 1948 Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26, 1948 to Dec. 29, 1948  
and that I last saw him alive on Dec. 29, 1948

Immediate cause of death Hyperplastic Cardiac - Revent Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md Date signed 12-29-48

PLEASE WRITE PLAINLY, is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1949

BUREAU V. S.

12879

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH

County... Washington  
City or town... Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 58 years  
Hospital, institution, or street address where death occurred:S. Main St.  
How long in hospital or institution? at home2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State... Maryland County... Washington  
City or town... Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. S. Main St.  
(If rural, give LOCATION)2(a) If veteran, name war No.

## 3. (a) FULL NAME

Clarence Milton Kephart

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Hettie A. Kephart

## 7. Birth date of deceased (mo., day, yr.)

April - 17 - 1867

## 6. (c) If alive, give age

## 8. AGE:

Years

Months

Days

If less than one day

81812

hrs.

min.

## 9. Birthplace

Frederick Co. Md.  
(Town, county, and state)

## 10. Usual occupation

Retired Fruit Grower

## 11. Industry or business

## MOTHER FATHER

## 12. Name

Henry Kephart

## 13. Birthplace

Frederick Co. Md.

## 14. Maiden name

Frances Younkine

## 15. Birthplace

Frederick Co. Md.

## 16. Informant

Mrs. Joseph Thomas

## Address

Boonsboro Md. R. 1

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 31 - 1948  
(month) (day) (year)

## Cemetery or crematory

Boonsboro Cemetery

## Location

Boonsboro Md.

## 18. Funeral director

Wm. J. Bast & Sons

## Address

Boonsboro Md.

## 19. Date

Dec. 13, 1948  
(Date rec'd by registrar)John H. Bast

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948 at 5 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29, 1948 to December 28, 1948 and that I last saw him alive on December 28, 1948

## Immediate cause of death

## DURATION

Chronic Myocarditis -  
Right tuberculous kidneys

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

G. W. Wey M. D.

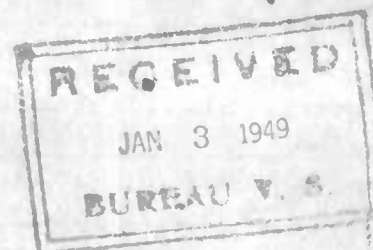
M. D. or other

Address Boonsboro Date signed 12/30/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

823 Virginia AvenueHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 823 Virginia Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war non-vet.

## 3.(a) FULL NAME

ALVERTAMAYKREPS

## 3.(b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widow6.(b) Name of husband or wife Stover E. Kreps

6.(c) If alive, give age..... years

## 7. Birth date of

deceased (mo., day, yr.)

November 26, 1879

## 8. AGE:

Years

Months

Days

If less than one day

69026

hrs.

min.

9. Birthplace Beaver Creek, Washington Co. Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business -

## FATHER

## 12. Name

Samuel M. Gantz

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Effie B. Fahrney

## 15. Birthplace

Maryland

## 16. Informant

Mrs. Bertha Davis

## Address

Smithburg, Md.

## 17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

12/24/48  
(month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.

## 18. Funeral director

W. T. Norment

## Address

Hagerstown, Md.

## 19.

Dec. 24, 48  
(Date rec'd by registrar)19W. T. Norment

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1948 at known not

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on September 19, 48

Immediate cause of death

Coronary Occlusion

## DURATION

Immediate

Due to

Coronary Arteriosclerosis5 yrs.

Due to

Myocardial Infarction15 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 148 W. Washington St. Date signed 12-24-48

RECEIVED

DEC 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12881

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred 347 N. Jonathan Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 347 N. Jonathan Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Robert F. Leakins

## 3. (b) Social Security Number

214-09-9773

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single  
 8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1884 6. (c) If alive, give age..... years

8. AGE: Years 64 Months Days ft less than one day  
 hrs. min.

9. Birthplace Winchester, Va.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Leakins

13. Birthplace Winchester, Va.

MOTHER 14. Maiden name Mary Steens

15. Birthplace Winchester, Va.

16. Informant George Thompson

Address Somerset, Pa.

17. Burial Date thereof 12/24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William H. Dawney

Address 291 Frederick Street

19. Dec 24, 1948 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1948 at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Aortic stenosis

Atherosclerosis

Due to coronary heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results as above Date of op. Dec 21, 48

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Reed & Wells DEPUTY MEDICAL EXAM.  
 Address Hagerstown, Md. WASH. CO., MD.  
 M. D. as above

Date signed 12/24/48

1881

79  
1876

RECEIVED  
DEC 28 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Earl Young  
12682

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 hours  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 549 Summit Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war none

## 3. (a) FULL NAME

Clegett Hezekiah Lecrone

## 3. (b) Social Security Number

716-09-9406

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 8. (b) Name of husband or wife

Mary M.8. (c) If alive, give age 55 years

## 7. Birth date of deceased (mo., day, yr.)

January 7, 1890

## 8. AGE:

Years

Months

Days

If less than one day

581119

hrs.

min.

## 9. Birthplace

Hagerstown, Md.

(Town, county, and state)

## 10. Usual occupation

Freight Conductor

## 11. Industry or business

Penna. Rwy. Co.

## FATHER

## 12. Name

John Lecrone

## 13. Birthplace

Hagerstown, Md.

## MOTHER

## 14. Maiden name

Mary Garvin

## 15. Birthplace

Hagerstown, Md.

## 16. Informant

Mrs. Mary Lecrone

## Address

Hagerstown, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

12-28-48  
(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown, Md.

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown, Md.

## 19. See 22

19 48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1948 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 25, 1948 to December 26, 1948 and that I last saw him alive on December 26, 1948

## Immediate cause of death

Coronary occlusion

## DURATION

5 minutes

## Due to

## Due to

## Other conditions

Coronary artery disease1 yearDiabetes Mellitus5 years

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address 148 N. Potomac St. Date signed 12.27.48

RECEIVED

DEC 29 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

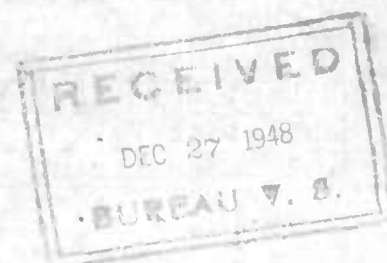
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

<b>1. PLACE OF DEATH:</b> County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) <u>46-9-8</u> How long in above place of death? Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> <u>2 weeks</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>672 Highland Way</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Nellie Virginia Lewis</u>				<b>3. (b) Social Security Number</b> <u>220-05-6095</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>John C. Lewis</u>				<b>6. (c) If alive, give age</b> <u>52 yrs</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>March 16, 1902</u>							
<b>8. AGE:</b> Years <u>46</u> Months <u>9</u> Days <u>3</u> If less than one day hrs. min.		<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> ..... <u>Dec. 19</u> ..... <u>48</u> ..... <u>7:10 a</u>					
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>7/68</u> ..... <u>18</u> ..... to..... <u>12/20/48</u> <b>and that I last saw h. alive on</b> ..... <u>12/16/48</u> ..... <u>1948</u> <b>Immediate cause of death</b> <u>Carcinoma of body of uterus</u> <b>Other conditions</b> <u>uterus with invasion of pelvic cavity</u> (Include pregnancy within 3 months of death) <b>Major findings of operations</b> <u>Carcinoma of body of uterus with invasion of pelvic cavity</u> <b>Autopsy results</b> <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b> <b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
<b>10. Birthplace</b> <u>Hagerstown Wash. Co. Md.</u> (Town, county, and state)		<b>10. Usual occupation</b> <u>House Wife</u>					
<b>11. Industry or business</b> <u>Own Home</u>		<b>12. Name</b> <u>Robert Day</u>					
<b>13. Birthplace</b> <u>Woodstock Va.</u>		<b>14. Maiden name</b> <u>Lula Kessellring</u>					
<b>15. Birthplace</b> <u>Wash. Co., Md.</u>		<b>16. Informant</b> <u>John C. Lewis</u> Address <u>Hagerstown, Md.</u>					
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Cemetery or crematory..... <u>Rose Hill Cemetery</u> <u>Hagerstown, Md.</u> Location..... <b>18. Funeral director</b> <u>Scott F. Minnich &amp; Son</u> Address <u>Hagerstown, Md.</u>		<b>23. SIGNATURE</b> <u>P. Minnich</u> M. D. or other Address <u>Hagerstown, Md.</u> Date signed <u>12/20/48</u>					
<b>19. (Date rec'd by registrar)</b> <u>Dec. 21, 48</u> Registrar							

12883



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 48 years  
Hospital, institution, or street address where death occurred:  
328 N. Mulberry  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 328 N. Mulberry  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Wilbert S. Lewis

### 3. (b) Social Security Number

215-18-1772

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) June 29 - 1897  
8. AGE: Year 51 Month 5 Day 5 If less than one day hrs. min.

9. Birthplace Berryville Clark Co. Va.  
(Town, county, and state)  
10. Usual occupation Core Maker  
11. Industry or business Foundry  
12. Name Walter S. Lewis  
13. Birthplace Charlestown W. Va.  
14. Maiden name Mamie Avey  
15. Birthplace Bolivar W. Va.  
16. Informant Mrs. Nora B. Lewis  
Address Hagerstown Md.

17. Burial Burial Date thereof 12-28-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rose Hill Cemetery  
Hagerstown Md.  
Location Scott F. Minnich & Son  
Hagerstown Md.  
18. Funeral director Scott F. Minnich & Son  
Address Hagerstown Md.  
19. Dec. 27. 48  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1948 1:35p M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-24 1948 to 12-24 1948  
and that I last saw him alive on 12-24 1948  
Immediate cause of death Metastatic Carcinoma  
DURATION 8 months  
Due to Unknown origin  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

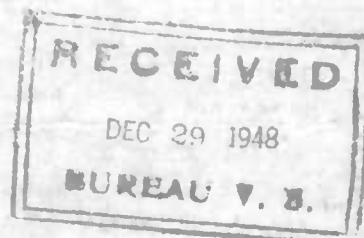
23. SIGNATURE Walter S. Lewis M. D. or other  
Address Hagerstown Maryland Date signed 12-27-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Bell

12885

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown R # 4  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

MaugansvilleHow long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown R # 4  
(If outside city or town limits, write RURAL and give nearest town)Street No. Maugansville  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

HOWARD DANIEL LOWMAN

## 3. (b) Social Security Number

716-09-91414. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Carrie6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) March 22 18788. AGE: Years 70 Months 8 Days 13 If less than one day hrs. min.9. Birthplace Chambersburg Franklin Co. Pa.  
(Town, county, and state)10. Usual occupation Penna. R.R. Employee11. Industry or business Retired12. Name C. F. Lowman13. Birthplace Leitersburg Md.14. Maiden name Margaret Young15. Birthplace Welsh Run Pa.16. Informant Mrs. Carrie LowmanAddress Hagerstown Md. R # 417. Burial 12/8/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar Grove CemeteryLocation Chambersburg Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec. 6 48 6 Hopk. Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

P

20. DATE OF DEATH December 5 1948 at 5.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 25, 1945 to Dec 5, 1948  
and that I last saw him alive on December 5, 1948

Immediate cause of death

Coronary occlusion - present attack

DURATION

5 days

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

No operation

Date of op.

Autopsy results

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. Bell

M. D. or other

Address Hagerstown Md. Date signed 12/6/48

RECEIVED

DEC 8 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131a 12886 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
Bellevue Home  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Peroy's Lane Widdell's Pike  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Mary Elizabeth Lucas

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
6. (b) Name of husband or wife James A. Lucas  
8. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) March 22, 1876  
8. AGE: Years 72 Months 8 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1948 3:15 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1st 1948 to Dec 12th 1948  
and that I last saw him alive on Dec 9th 1948

### Immediate cause of death

### DURATION

Due to Coronary Occlusion 1/2 hr.  
Due to Cardiovascular renal disease 3 mo.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

### Major findings of operations

### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Ernest J. Powell M. D. or other  
Address Hagerstown Md Date signed 12/13/48

9. Birthplace Leitersburg, Wash. Co., Md.  
(Town, county, and state)  
10. Usual occupation Home Duties  
11. Industry or business \_\_\_\_\_  
12. Name Frank H. Unklesbee  
13. Birthplace Wash. Co., Md.  
14. Maiden name Amelia Dowlen  
15. Birthplace Wash. Co., Md.  
16. Informant Mrs. E. H. Baker  
Address 493 Mitchell Ave. - Hagerstown,  
Burial Date thereof Dec. 15-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Lutheran Cemetery  
Location Leitersburg, Md.  
18. Funeral director Fred W. Kraiss  
Address Hagerstown, Md.  
19. Dec 16, 48 Ernest J. Powell  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED  
DEC 18 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr Victor Miller

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County: Washington  
 City or town: Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Years  
 Hospital, institution, or street address where death occurred:  
22 East Ave  
 How long in hospital or institution? 6 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State: Maryland County: Washington  
 City or town: Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 22 East Ave  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war: None

## 3. (a) FULL NAME

Robert Lee Maugans

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widower

## 6. (b) Name of husband or wife

6. (c) If alive, give age: \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

January 26, 1878

## 8. AGE:

Years

Months

Days

If less than one day

70107

hrs.

min.

## 9. Birthplace

Waynesboro, Franklin Co. Pa.  
(Town, county, and state)

## 10. Usual occupation

American R.R. Express Co.

## 11. Industry or business

Retired

## FATHER

## 12. Name

Jonathan Maugans

## 13. Birthplace

Waynesboro, Penna.

## MOTHER

## 14. Maiden name

Maggie Donaldson

## 15. Birthplace

Waynesboro, Penna.

## 16. Informant

Mrs David Horner

## Address

Hagerstown, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

Dec. 6/1948

(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown, Maryland

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown, Maryland

## 19.

(Date rec'd by registrar)

Dec. 6, 48W. H. Bowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3, 1948 at 11: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1, 1948 to December 3, 1948  
and that I last saw him alive on December 3, 1948

Immediate cause of death

arthritis deformans  
arterio-sclerosis

DURATION

Autistral Obstruction 10 years?  
2-3 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) ✓

Manner of injury

Injured at work?

Victor D. Miller

DR. VICTOR D. MILLER

23. SIGNATURE

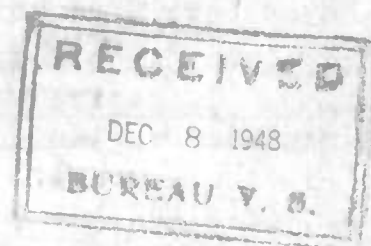
Hagerstown, Md

131 W. WASHINGTON ST.

M. D. or other

HAGERSTOWN, MD

Address: \_\_\_\_\_ Date signed: 12/4-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 307

## 1. PLACE OF DEATH:

County WashingtonCity or town Dargan  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70 years

Hospital, institution, or street address where death occurred:

R.F.D. #1 Harpers Ferry, West Va.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Dargan  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #1 Harpers Ferry, West Va.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Katherine Magdalena McGowan

## 3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife James Albert McGown6. (c) If alive, give age --- years7. Birth date of deceased (mo., day, yr.) March 8, 18788. AGE: Years 70 Months 9 Days 8 If less than one day --- hrs. --- min.9. Birthplace Dargan, Washington Co., Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name John William Pierce13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mr. Alvey McGownAddress R.F.D. #1, Harpers Ferry, W. Va.17. Burial Date thereof 12/19/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Samples Manor CemeteryLocation Samples Manor, Maryland18. Funeral director Malin T. StriserAddress Charles Town, West Va.19. Dec 17 48 Bonnie H. Coatsley  
(Date rec'd by registrar) (month) (day) (year) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1948 at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

29 Nov 48 to 16 Dec 48  
and that I last saw her alive on 15 Dec 48

Immediate cause of death

Hypertensive arteriosclerosis heart  
disease, decompensatedDue to HypertensionDue to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Donald K. Hylke M. D. or other  
Bolivar, W. Va. Date signed 17 Dec 1948

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12888

936

RECEIVED  
DEC 28 1961  
BUREAU 7.4.3



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Maugansville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:  
Maugansville Menonite Home  
 How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Maugansville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Maugansville Menonite Home  
 (If rural, give LOCATION)  
non-vet.

## 3. (a) FULL NAME

EMMA MILLER

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Daniel R. Miller  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 5 sept. 20, 1867  
 8. AGE: Years 81 Months 3 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Leitersburg, Wash. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business -

FATHER 12. Name John Eshelman  
 13. Birthplace Pennsylvania  
 MOTHER 14. Maiden name Fannie Seacrist  
 15. Birthplace Pennsylvania

16. Informant Harry E. Miller  
 Address Maugansville, Md.

17. Burial Date thereof 12/24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Reiss Menonite Cemetery  
 Location Washington Co., Md.

18. Funeral director W. T. Norment  
 Address Hagerstown, Md.

19. Dec. 22, 48 Charles Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1948  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1948 to December 22, 1948  
 and that I last saw him alive on 12/1/48 at 22 years of age.

Immediate cause of death Carcinoma of Lact. Glands  
 DURATION 2

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

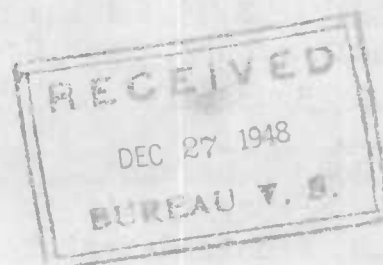
Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE V. H. Stueder M. D. or other  
 Address Hagerstown, Md. Date signed 12/22/48

B. Victor Miller  
131 W. Main



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12800 301

## 1. PLACE OF DEATH:

County Washington.City or town Williamsport Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland.County Washington.City or town Leafs Alley Williamsport Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)  
World War 2.

2.(a) If veteran, name war

## 3. (a) FULL NAME

Norman E Moats.

## 3. (b) Social Security Number

4. Sex

Male.

5. Color or race

White.

6.(a) Single, married, widowed, or divorced

Married.

6.(b) Name of husband or wife

Dorothy H Moats.6.(c) If alive, give age 27. years

7. Birth date of

deceased (mo., day, yr.)

March 22 1916.

8. AGE:

Years

Months

Days

It less than one day

3232 94

hrs.

min.

9. Birthplace Dam No .4. Near Downsville.

(Town, county, and state)

10. Usual occupation

Truck Driver.

11. Industry or business

Corp. Of Williamsport Md.

FATHER

12. Name

Earl Moats.

13. Birthplace

Tilghmantton.

MOTHER

14. Maiden name

Annie Wolford.

15. Birthplace

Washington County.

16. Informant

Mrs Dorothy Moats.

Address

Williamsport Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec. 29 1948.

(month) (day) (year)

Cemetery or crematory

Greenlawn.

Location

Williamsport Md.

18. Funeral director

Edith V Leaf.

Address

Williamsport Md.

19. Date rec'd by registrar

Dec 29 48E Lee H. Jones

Reg. No.

## MEDICAL CERTIFICATION

about 2.20. DATE OF DEATH Dec. 26 1948, at 1:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of

Injury

23. SIGNATURE

Address

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or other

Date signed 12/28/48

RECEIVED

JAN 4 1949

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## I. PLACE OF DEATH:

County Washington  
City or town Security  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:  
28 Green Row

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Security  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 28 Green Row  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles C. Munson

## 3. (b) Social Security Number

213-10-6788

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Jessie Irene7. Birth date of deceased (mo., day, yr.) May 25, 1889

B. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day  
59 6 11 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington County, Maryland  
(Town, county, and state)

10. Usual occupation North American Cement Corp.11. Industry or business Employee12. Name Fred Munson13. Birthplace Washington County, Md.14. Maiden name Amelia Shaffer15. Birthplace Washington County, Md.16. Informant Mrs. Jessie I. MunsonAddress 28 Green Row Security, Md.17. Burial Date thereof Dec. 9, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director Fred W. KraissAddress Hagerstown, Maryland19. Dec. 9, 1948 Chas. H. Boardman

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 19 48, at 11:50 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 48, to Dec 19 48and that I last saw him/her alive on Dec 7 19 48Immediate cause of death Broncho pneumonia

DURATION

Due to gen'l. Reliability associated with metastatic CarcinomaDue to (squamous cell) primary site, right shoulder.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Bopsy of shouldersquamous cell Carcinoma Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Robert Vh Campbell M.D.

M. D. or other

Address Hagerstown Md. Date signed 12/7/48

RECEIVED IN THE OFFICE OF THE ATTORNEY GENERAL

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RECEIVED

DEC 11 1948

BUREAU V. S.



12892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

200C

EVIDENCE FOR ADDITIONAL  
INFO. APPENDING IN # 21 IS ON:  
FILM # 949-3-2-49

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
153 W. Washington St.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 153 W. Washington St.  
(If rural, give LOCATION)  
2. (a) If veteran, name war... 2nd World War

3. (a) FULL NAME

Lawrence Calvin Creutt

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Hazel V. Creutt  
8. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) October 16, 1921  
8. AGE: Years 27 Months 1 Days 28 It less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co., Md.  
(Town, county, and state)

10. Usual occupation Service Station Att.

11. Industry or business

12. Name Lawrence Creutt

13. Birthplace Maryland

14. Maiden name Beulah

15. Birthplace

16. Informant Mrs. Hazel V. Creutt

Address 153 W. Washington St. Hagerstown, Md.

17. Burial Date thereof Dec. 16, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec. 16, 1948 Registrar  
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1948 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...  
and that I last saw him alive on 19...

Immediate cause of death Cause unknown  
cause to be supplied later after chemical analysis of organs  
Due to Chemical analysis and autopsy did not reveal cause of death.  
Other conditions C/25/44. J. J.

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results Dec/14/48

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. ? Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert & Wells DEPUTY MEDICAL EXAMINER  
M. D. WASH. CO., MD.

Address Hagerstown, Md. Date signed 11/15/48

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

OFFICE OF THE DIRECTOR

WASHINGTON, D. C. 20535

RECEIVED  
DEC 18 1948  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12893

Reg. Dist. No. 309

### 1. PLACE OF DEATH:

County Washington  
City or town Park Hall Rural  
(If outside city or town limits, write RURAL and give near-at town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Boonsboro Md. R. 2  
How long in hospital or institution? at home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Park Hall Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Boonsboro Md. R. 2  
(If rural, give LOCATION)  
2.(a) If veteran, name war no.

### 3. (a) FULL NAME

Lola A. Poffenberger

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife David W. Poffenberger  
7. Birth date of deceased (mo., day, yr.) September 10 - 1898  
6.(c) If alive, give age 50 years  
8. AGE: Years 50 Months 2 Days 21 If less than one day hrs. 11 min. 45

9. Birthplace Zittletown Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

12. Name Charles Morgan

13. Birthplace Zittletown Wash. Co. Md.

14. Maiden name May Suman

15. Birthplace Mr. Burkettville Ind. Co. Md.

16. Informant David W. Poffenberger

Address Boonsboro Md. R. 2

17. Burial Burial Date thereof Dec. 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Wm. J. Bast & Sons

Address Boonsboro Md.

19. Dec. 5 19 48 Mrs. Katherine Dagenhart Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 48 at 11:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 19 44 to Dec 1 19 48  
and that I last saw him alive on Nov. 29 19 48

Immediate cause of death Chronic myocarditis DURATION 8 yrs

Due to Hypertension 6 yrs

Due to Chronic arthritis deformans 15 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Allen M. D. M. D. or other

Address Boonsboro Date signed 12/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

12894

## 1. PLACE OF DEATH

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 years  
 Hospital, institution, or street address where death occurred:  
700 Ringman Ave  
 How long in hospital or institution:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 700 Ringman Ave  
 (If rural, give LOCATION)  
 2(a) If veteran, name war Spanish Am. War

## 3. (a) FULL NAME

Roy Grove Powell

## 3. (b) Social Security Number

719-18-9276

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Mrs. Caroline Powell

## 7. Birth date of deceased (mo., day, yr.)

May 13, 1879

## 8. (c) If alive, give age

55 years

## 8. AGE:

Years

Months

Days

If less than one day

6972

hrs.

min.

## 9. Birthplace

Hallsville, Frederick Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Railroad Employee

## 11. Industry or business

## FATHER

## 12. Name

William Powell

## 13. Birthplace

Hagerstown, Md.

## MOTHER

## 14. Maiden name

Mollie Groves

## 15. Birthplace

Hallsville, Md.

## 16. Informant

Mrs. Caroline Powell

## Address

Hagerstown, Md.

## 17. Burial

Cremation  
(Burial, cremation, or removal. Which?)

## Date thereof

Dec. 18, 1948  
(month) (day) (year)

## Cemetery or crematory

Lutheran Cemetery

## Location

Hallsville, Md.

## 18. Funeral director

Gladhill Co.

## Address

Middletown, Md.

## 19. Date rec'd by registrar

Dec. 16, 1948

## 20. Date signed

Dec. 16, 1948

## Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec. 15

## 19. 48

## at

## M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 15

19. 48

to

Dec. 15

19. 48

## and that I last saw him alive on

Dec. 14

19. 48

## Immediate cause of death

Diabetes Mellitus

## DURATION

3 yrs.

## Due to

Diabetic

## Due to

Gangrene left foot30 days

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings at operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Ernest J. Powell

M. D. or other

## Address

Hagerstown Md

Date signed

12/15/48

# MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Form No. 10-1-48 (Rev. 1-1-48)

586

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DEC 18 1948  
BUREAU V. S.

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BUREAU V. S.

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BUREAU V. S.

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12 21

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BUREAU V. S.

12 21

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BUREAU V. S.

12 21

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BUREAU V. S.

12 21



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12895

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 days  
 Hospital, institution or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 14 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 435 N. Mulberry  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Roger Morris Pryor

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) December 1, 1948  
 8. AGE: Years Months Days If less than one day  
14 hrs. min.

9. Birthplace Hagerstown Washington County Md  
 (Town, county, and state)

10. Usual occupation None  
 11. Industry or business None

12. Name Morris W. Pryor  
 13. Birthplace Frederick Co. Md.

14. Maiden name Edna L. Mowen  
 15. Birthplace Hagerstown Md.

16. Informant Morris W. Pryor  
 Address Hagerstown Md.

17. Burial Date thereof Dec. 15, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
Hagerstown Md.  
 Location

18. Funeral director Scott F. Minnich & Son  
 Address Hagerstown Md.

19. Dec 14, 1948 Chas H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 48 at 10:40a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 1, 1948 to Dec 14, 1948  
 and that I last saw him alive on Dec 14, 1948

Immediate cause of death Congenital Heart disease DURATION 14 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Porterfield M.D. M. D. or other

Address 136 W Washington St Date signed 12/14/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and definitely.

RECEIVED

DEC 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Ditto

12896

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred:

620 W. Church St.How long in hospital or institution? 4 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 620 W. Church St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS LOU MILDRED REEL

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of husband or wife Benjamin

## 7. Birth date of

deceased (mo., day, yr.)

December 29, 18686. (c) If alive, give age. -- years

## 8. AGE:

Years

Months

Days

If less than one day

791125hrs.min.9. Birthplace Hancock, Washington Co., Md.

(Town, county, and state)

## 10. Usual occupation

House Wife

## 11. Industry or business

Own Home

## FATHER

## 12. Name

Lafayette Eichelberger

## 13. Birthplace

Hancock Md.

## MOTHER

## 14. Maiden name

Isabelle Lewis

## 15. Birthplace

Hancock Md.

## 16. Informant

Mrs George Leiter

## Address

Hancock Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/27/48

(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown Md.

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown Md.19. Dec. 27, 1948

(Date rec'd by registrar)

19

48Chas. Powers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH. December 24, 1948, at 6:31 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1-48 to Dec 24-48and that I last saw him alive on Dec 22-48 19

Immediate cause of death

DURATION

Coronary Vascular Lesion6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 1/4/49

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DEC 29 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: Washington  
County  
City or town Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:  
In Automobile enroute to Hagerstown  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Boonsboro R. F. D. #2  
(If outside city or town limits, write RURAL and give nearest town)

Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Frank C. Ridenour

3. (b) Social Security Number

217-10-3273

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) June 26, 1876  
8. AGE: Years Months Days It less than one day  
72 5 28 hrs. min.

9. Birthplace St. James, Wash. Co. Md.  
(Town, county, and state)  
10. Usual occupation Laborer  
11. Industry or business

12. Name Benjamin Ridenour  
13. Birthplace Not Known  
14. Maiden name Anna Pryor  
15. Birthplace Cavetown, Maryland

16. Informant Mrs. Nannie Artz  
Address Hagerstown, Maryland

17. Burial Date thereof 12-27-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rose Hill Cemetery  
Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons  
Address Hagerstown, Maryland

19. Dec 26 19 48 John H. Bant  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48 to December 24 48

and that I last saw him alive on December 20 19 48

Immediate cause of death Coronary insufficiency  
due to occlusion probably

Due to arteriosclerosis

Due to

Other conditions Hypertensive CVD

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Robert J. Keagle MD

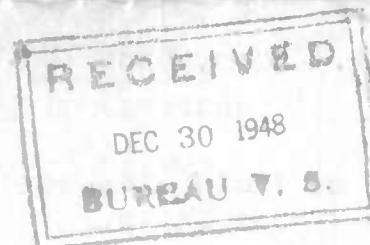
Address 132 W. WASHINGTON ST. Date signed 12-26-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15W

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12898  
Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 945 Maryland Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

John D. Rowland

## 3. (b) Social Security Number

214-09-8993

4. Sex Male 5. Color or race White 6.(c) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Katherine J. Rowland  
 6.(c) If alive, give age 50 years  
 7. Birth date of deceased (mo., day, yr.) August 1, 1880  
 8. AGE: Years 68 Months 3 Days 3 It less than one day  
 .....hrs. ....min.

9. Birthplace St. James, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Auto Salesman  
 11. Industry or business

12. Name John H. Rowland  
 13. Birthplace St/ James, Maryland  
 14. Maiden name Mary Morin  
 15. Birthplace St. James, Maryland

16. Informant Mrs. John D. Rowland  
 Address Hagerstown, Maryland

17. Burial Burial Date thereof 12-7-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Funkstown Cemetery  
 Location Funkstown, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Dec 7, 1948 Charles Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 19 48 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 1 19 48 to Dec 4 19 48  
 and that I last saw him alive on Dec 4 19 48

Immediate cause of death aneurysm aorta (arch)

Due to Isles

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

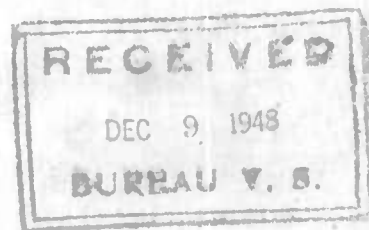
23. SIGNATURE H. L. Porterfield M.D.  
 M. D. or other  
 Address 136 W Washington Date signed 12/6/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



*Mr. Porterfield*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Wells

12899

Reg. Dist. No. 303

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 Yrs.Hospital, institution, or street address where death occurred:  
435 Carrollton Ave.How long in hospital or institution? ---2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 435 Carrollton Ave  
(If rural, give LOCATION)2.(a) If veteran, name war ---

## 3. (a) FULL NAME

WILLIAM Henry Ruck

## 3. (b) Social Security Number

City Employee

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Lottie6. (c) If alive, give age 44 years7. Birth date of deceased (mo., day, yr.) December 15, 19028. AGE: Years Months Days If less than one day  
45 11 16 hrs. min.9. Birthplace Hagerstown Washington Cty. Md.  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business City of Hagerstown12. Name Samuel Ruck13. Birthplace Hagerstown, Maryland14. Maiden name Mary Lloyd15. Birthplace Hagerstown, Maryland16. Informant Mrs Lottie RuckAddress Hagerstown, Maryland17. Burial Date thereof Dec. 3, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director Andrew K. CoffmanAddress Hagerstown, Maryland19. Dec 3 19 48 Chas. H. Powers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1948 at 8:30 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw him alive on 19Immediate cause of death acute coronary occlusionDue to chr. bronchial asthmaDue to ?Other conditions ---

(Include pregnancy within 6 months of death)

Major findings of operations no

(fell dead in back yard of home)

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury --- Injury by? ---MEDICAL EXAM. ---

WASH. CO., MD.

23. SIGNATURE Dr. Robert WellsAddress Hagerstown, Md. Date signed Dec. 1-48M. D. on ---

UNITED STATES DEPARTMENT OF JUSTICE

BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

DATE: 12/4/48

SUBJECT: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RECEIVED

DEC 4 1948

BUREAU V. S.

48  
M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County WashingtonCity or town Smithsburg Md  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 yrsHospital, institution, or street address where death occurred: -How long in hospital or institution? -

## 3. (a) FULL NAME

Eva. D. Schock

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

none7. Birth date of deceased (mo., day, yr.) 11-18-19156. (c) If alive, give age - years

8. AGE:

Years

Months

Days

If less than one day

7723- hrs.- min.

9. Birthplace

Smithsburg Md  
(Town, county, and state)

10. Usual occupation

Hotel Proprietor

11. Industry or business

FATHER

12. Name

Joseph D. Wisland

13. Birthplace

Cametown -

MOTHER

14. Maiden name

Anna Davis

15. Birthplace

Cametown Md

16. Informant

Ella Wisland

Address

Smithsburg Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 6, 1948  
(month) (day) (year)

Cemetery or crematory

Smithsburg Mausoleum

Location

Smithsburg Md

18. Funeral director

Geo. B. Brown

Address

Smithsburg Md

19. Dec. 2

(Date rec'd by registrar)

1948

Geo. W. Ferguson  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Smithsburg Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. none  
(If rural, give LOCATION)2. (a) If veteran, name war none

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1948 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 27 1948 to Dec 1 1948  
and that I last saw him alive on Dec 1 1948

Immediate cause of death

Generaltherosclerosis

DURATION

3 days

Due to

Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -

Means of injury

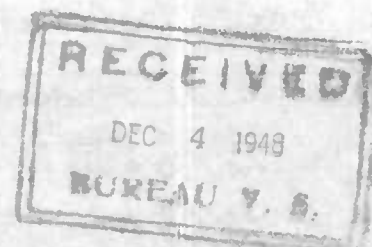
Injured at work? -

23. SIGNATURE

G. G. H. Oakes

M. D. or other

Address Smithsburg Date signed 12/1/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12901

Reg. Dist. No. 3.05

## 1. PLACE OF DEATH:

County WashingtonCity or town Rural Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WashingtonCity or town Rural Boonsboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Anna Mary Shoemaker

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

John R. Shoemaker7. Birth date at  
deceased (mo., day, yr.)Sept. 29, 1874

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

74227

hrs.

min.

## 9. Birthplace

Boonsboro Wash. Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

Joseph Zittle

## 13. Birthplace

Boonsboro Md.

## 14. Maiden name

Elizabeth Lapak

## 15. Birthplace

Boonsboro, Md.

## 16. Informant

Clarence Shoemaker

## Address

Boonsboro, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 20, 1948  
(month) (day) (year)

## Cemetery or crematory

Boonsboro Cemetery

## Location

Boonsboro, Md.

## 18. Funeral director

Bladhill Co.

## Address

Middletown, Md.

## 19. Dec. 20, 1948

John H. East  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1948 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1948 to Dec. 16 1948  
and that I last saw him alive on Dec. 13 1948

Immediate cause of death

Common Throat  
Chronic Myocarditis

## DURATION

Relieved  
5 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Hubert Hale, M.D.  
M. D. co-signerAddress Boonsboro, Md. Date signed 12/17/48

# MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

2. FULL NAME

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DEC 27 1948  
BUREAU V. S.

13. (If cause of death is not stated)

12. (If cause of death is not stated)

11. (If cause of death is not stated)

10. (If cause of death is not stated)

9. (If cause of death is not stated)

RECEIVED  
DEC 27 1948  
BUREAU V. S.

61A 27

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

12902

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 11 years  
Hospital, institution, or street address where death occurred:  
1007 Hamilton Blvd.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1007 Hamilton Blvd.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Edith Shufelt

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
8.(b) Name of husband or wife Charles Shufelt  
8.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) January 21, 1866  
8. AGE: Years 82 Months 10 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1948 at 3:10 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1937 to Dec. 16, 1948  
and that I last saw him alive on Dec. 15, 1948

Immediate cause of death Staphylococcus Endocarditis  
Disease

### DURATION

11 yrs.

Due to Chronic Arteriosclerosis  
Due to Chronic Hypertension

Nov. 28, 1937

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None

Autopsy results No  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work?

9. Birthplace Atchison, Kansas  
(Town, county, and state)  
10. Usual occupation Home Duties  
11. Industry or business  
12. Name William Hekelmkaemper  
13. Birthplace Germany  
14. Maiden name Theresa Houek  
15. Birthplace St. Louis, Mo.  
16. Informant Mrs. Ethel Spahr  
Address 1007 Hamilton Blvd. Hagerstown, Maryland  
17. Burial Date thereof Dec. 18, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rest Haven Cemetery  
Hagerstown, Maryland.  
Location  
18. Funeral director Fred W. Kraiss  
Address Hagerstown, Maryland.  
19. Dec. 18, 1948 Phas H. Bowers  
(Date rec'd by registrar) Registrar

23. SIGNATURE W. Howard Yeager M. D. or other  
Address Hagerstown, Md Date signed Dec. 17, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12903

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 hours  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 6 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 419 Elizabeth Street  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Gary Lee Socks

## 3.(b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age 1:50 AM years  
 7. Birth date of deceased (mo., day, yr.) December 12, 1948  
 8. AGE: Years Months Days If less than one day  
6 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George A. Socks  
 13. Birthplace Hagerstown, Maryland  
 14. Maiden name Mary Nalley  
 15. Birthplace Sharpsburg, Maryland

16. Informant George A. Socks  
 Address Hagerstown, Maryland

17. Burial 12-13-48  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
Rose Hill Cemetery  
 Cemetery or crematory  
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Dec 13, 48  
 (Date rec'd by registrar) Registrar Charles Bowers

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 Dec 19 48 at 7:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Dec 19 48 to 12 Dec 19 48  
 and that I last saw him alive on 12 Dec 19 48

Immediate cause of death Prematurity  
 DURATION 5 mo

Due to acute Hydranminis  
4 mch

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Suter M. D. or other

Address 2300 W. Main Date signed 13 Dec

RECEIVED

DEC 15 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12904

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 22 hours  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
22 hours  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 419 Elizabeth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Terry Lynn Socks

## 3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) December 12, 1948 1:01 AM  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 22 hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George A. Socks  
 13. Birthplace Hagerstown, Maryland  
 14. Maiden name Mary Nalley  
 15. Birthplace Sharpsburg, Maryland

16. Informant George A. Socks  
 Address Hagerstown, Maryland

17. Burial Date thereof 12-13-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Dec. 13, 1948 Chas. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 Dec 19 48 at 11:01 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Dec 19 48 to 12 Dec 19 48

and that I last saw him alive on 12 Dec 19 48

Immediate cause of death Prematurity  
 DURATION 5 mo

Due to Acute Myocarditis 4 inch

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Purkey M. D. or other

Address 230 N. Potomac Date signed 13 Dec 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Ditto

12905

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 27 Years  
 Hospital, institution, or street address where death occurred:  
2016 Virginia Ave  
 How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2016 Virginia Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

ALBERT GARLAND SOUTH

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Florence V.  
 6.(c) If alive, give age 75 years  
 7. Birth date of deceased (mo., day, yr.) November 9 1871  
 8. AGE: Years 77 Months 1 Days 0 If less than one day hrs. min.

9. Birthplace Lappans Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER 12. Name William B. South

13. Birthplace Funkstown Md.

MOTHER 14. Maiden name Amelia Johnson

15. Birthplace Charles Town W. Va.

16. Informant Mrs. Florence B. South

Address Hagerstown Md.

17. Burial Date thereof 12/12/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec 10, 48 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1948 19 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9, 48 to December 9, 48  
 and that I last saw him alive on Dec 8-48 19

Immediate cause of death Crown Aneurism

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. SW. Lutz M. D. or other

Address Hagerstown Md. Date signed 7/1/48

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

DECEMBER 10, 1948

TO THE DIRECTOR, FBI

FROM THE SAC, NEW YORK

NY 100-100000

RE NEW YORK TELETYPE TO BUREAU, DECEMBER 9, 1948.

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RECEIVED

DEC 10 1948

BUREAU 7, 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Porterfield

12906

Reg. Dist. No. 303

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Hours  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 10 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3717 Woodbine Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None ✓

## 3. (a) FULL NAME

MRS. ARIETTA STITZEL

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Martin  
 6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 6 1877

8. AGE: Years 71 Months 9 Days 4 It less than one day hrs. min.

9. Birthplace Broadfording Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name George W. Unger

13. Birthplace Broadfording Md.

14. Maiden name Elizabeth Burger

15. Birthplace Cavetown Md.

16. Informant Charles M. Stitzel

Address Baltimore Md.

17. Burial Burial Date thereof 12/12/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec. 11, 48 Registrar Phyllis Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1948, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 19 48 to Dec 10 19 48  
 and that I last saw him alive on Dec 10 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 10/9/48

Due to arteriosclerosis ?

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Porterfield M.D. M. D. or other

Address 136 W. Wash. St. Date signed 12/10/48

RECEIVED

DEC 14 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

### 1. PLACE OF DEATH:

County Washington  
City or town Leesburg  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
near Smithsburg  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Hagerstown R#5  
(If rural, give LOCATION)  
2.(a) if veteran, name war

### 3.(a) FULL NAME

Edgar Thomas Stouffer

### 3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Marcy Anderson 6.(c) If alive, give age 66 years  
7. Birth date of deceased (mo., day, yr.) Nov. 2, 1882  
8. AGE: Years 66 Months 1 Days 18 If less than one day  
hrs. min.

9. Birthplace Washington Co. Maryland  
(Town, county, and state)  
10. Usual occupation Farmer

### 11. Industry or business

MOTHER FATHER  
12. Name John Calvin Stouffer  
13. Birthplace Washington Co. Md.  
14. Maiden name Elizabeth Lantz  
15. Birthplace Washington Co. Md.

16. Informant Mrs. Marcy A. Stouffer  
Address Route #5, Hagerstown, Md.

17. Burial Date thereof 12/23/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill Cemetery  
Location Waynesboro, Penna.

18. Funeral director Walter G. Stone  
Address 27 S. Church St. Waynesboro, Pa.

19. Dec 21 1948 Geo W Ferguson  
(Date rec'd by registrar) Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1948 at 4:20p M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1948 to Dec 20 1948  
and that I last saw him alive on Dec 20 1948

Immediate cause of death Coronary Thrombosis DURATION 4 days

Due to Arterio-Sclerosis 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

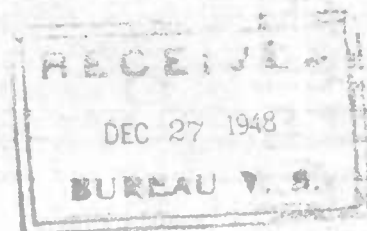
Means of injury Injured at work?

23. SIGNATURE G G Koster M. D. or other  
Address Smithsburg Date signed 12/21/48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

## 1. PLACE OF DEATH:

County Washington  
 City or town Williamsport  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:  
200 S. Conococheague St.

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Bertie Katherine Swope

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Elmer D. Swope

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1888

8. AGE: Years 60 Months 2 Days 17 If less than one day  
 hrs. .... min. ....

9. Birthplace Beaver Creek, Wash., Maryland  
 (Town, county, and state)

10. Usual occupation Housewife  
At Home

11. Industry or business .....

12. Name William Brining  
 13. Birthplace Beaver Creek, Md.

14. Maiden name Kate Ellen Rudy  
 15. Birthplace Beaver Creek, Md.

16. Informant Mrs. John Hetzer  
 Address Williamsport, Md.

17. Burial Date thereof Dec. 21, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery  
 Location Williamsport, Md.

18. Funeral director Edith V. Leaf  
 Address Williamsport, Md.

19. Dec 21 19 48 E Lee McElroy  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1948 at 12:03 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 15, 1948 to Dec. 19, 1948  
 and that I last saw her alive on December 17, 1948

Immediate cause of death Hypertensive cardiovascular-renal disease. DURATION 6 mos.

Due to .....

Due to .....

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations No operation

Date of op. ....

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accidental, suicide, or homicide. .... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Lee McElroy M. D. mother

Address Hagerstown, Md. Date signed 12/20/48

RECEIVED

DEC 28 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12909

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County Washington  
 City or town Cascade  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 months  
 Hospital, institution, or street address where death occurred:  
Pitcher Hosp  
 How long in hospital or institution? 1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredricks  
 City or town Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

Herbert Stanley Swape

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white Divorced

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 2, 1880

8. AGE: Years 68 Months 8 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carnesville, W. Va.  
(Town, county, and state)10. Usual occupation Railroad eng

## 11. Industry or business

12. Name Silas Swape13. Birthplace Wash. Co., Md.14. Maiden name Annie S. Sumner15. Birthplace Unburton16. Informant Hosp. record

Address

17. Burial Date thereof 2 1 48  
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory Truited BrethrenLocation Myersville, Md.18. Funeral director Highhill Co.Address Middletown, Md.19. 12/31/48 19. John B. Cochran  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 19. 48 630 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 19. 47 to Dec 31 19. 48  
 and that I last saw him alive on Dec 30 19. 48

Immediate cause of death CNS syphilis  
 DURATION ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thomas M. Arrington, M.D.

Pitcher Hosp, Cascade, Md. M. D. or other  
 Address \_\_\_\_\_ Date signed 12/31/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 5 1949

BUREAU V. S.



M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9.45.15W

I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Zimmerman

108

12910

Reg. Dist. No. *300*

## 1. PLACE OF DEATH:

County Washington  
 City or town Sharpsburg R F D  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 80 years  
 Hospital, institution, or street address where death occurred:  
Taylor's Landing  
 How long in hospital or institution? ---

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Sharpsburg R. F. D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Taylor's Landing  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN WILLIAM TAYLOR

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
 8. (b) Name of husband or wife Isadora  
 8. (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) April 21 1868  
 8. AGE: Years 80 Months 8 Days 8 If less than one day --- hrs. --- min.

9. Birthplace Taylor's Landing Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Store Keeper

11. Industry or business Retired

12. Name Samuel Taylor

13. Birthplace Four Locks Md.

14. Maiden name Elizabeth Bowers

15. Birthplace Taylor's Landing Md.

16. Informant Mrs. Glendora Hennesy

Address Fairplay Md.

17. Burial Bakersville Cemetery Date thereof 12/31/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bakersville Md.

Location Andrew K. Coffman

18. Funeral director Hagerstown Md.

Address ---

19. Dec 30 48 E. J. Boyer Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 at 2:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 27 1948 to Dec. 29 1948  
 and that I last saw him alive on Dec. 28 1948

Immediate cause of death Pneumonia Relaps. DURATION 48 hrs

Due to not known

Due to not known

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations ---

Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) --- (County) --- (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE William Zimmerman M. D. or other ---

Address William Zimmerman Md Date signed 12/29/48

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JAN 7 1949  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Conrad

Reg. Dist. No.

12911  
305

## I. PLACE OF DEATH:

County Washington  
 City or town Breathedsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death: 3 Yrs 6 Mos. 16 Days  
 Hospital, institution, or street address where death occurred:  
Ed State Reformatory for Males  
 How long in hospital or institution: 3 Yrs. 6 Mos 16 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester Co  
 City or town Whaleyville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_ (If rural, give LOCATION)  
 2.(a) If veteran, name war None ✓

## 3. (a) FULL NAME

JOHN OSCAR TRUITT

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower  
 6. (b) Name of husband or wife Flora

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 4 1889

8. AGE: Years 59 Months 6 Days 28 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Salisbury Wicomico Co. Md.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name Ervin Dennis

13. Birthplace No Record

14. Maiden name Katie Disharoon

15. Birthplace Salisbury Md.

16. Informant Records of Md. State Ref. for  
Breathedsville Md.  
 Address

17. Burial Date thereof Dec. 5, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Pleasant

Location Wicomico Co. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. Dec 2, 48 John H. Bast  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1948 at 12.05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1946 to Dec 2 1948  
 and that I last saw him alive on Dec 1 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

4 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert P. Conrad, M.D.

M. D. or other

Address Hagerstown, Md. Date signed 12-2-48

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

1948

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DEC 6 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Porterfield

95C2

12912

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 24 years  
 Hospital, institution, or street address where death occurred:  
205 Mealey Parkway  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 205 Mealey Parkway  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

George Truman Twyford

## 3. (b) Social Security Number

217-10-9001

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Married6. (b) Name of husband or wife Zelma6. (c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) August 3, 18858. AGE: Years Months Days If less than one day  
63 4 3 hrs. min.9. Birthplace Hebron Tyler Cty., W. Va.  
(Town, county, and state)10. Usual occupation Electrical Engineer11. Industry or business Potomac Edison Co.12. Name George W. Twyford13. Birthplace Hebron, W. Va.14. Maiden name Lenora Smith15. Birthplace Long Island Creek, W. Va.16. Informant Mrs. Zelma TwyfordAddress Hagerstown, Md.17. Burial Date thereof 12-9-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Masonic CemeteryLocation West Union, W. Va.18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Dec. 7, 1948 Chas. Powers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1948 at 1:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 1 1948 to Dec 6 1948  
and that I last saw him alive on Dec 6 1948Immediate cause of death Cardiac dilatation  
Cardiac Decomensation  
Coronary Thrombosis  
Due to Coronary Thrombosis

## DURATION

121.5748  
41.5748Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.  
M. D. or other  
Address Date signed

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

OFFICE OF THE ATTORNEY GENERAL

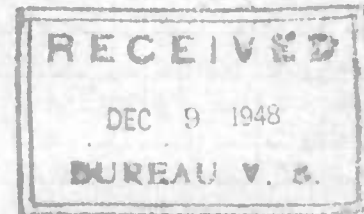
WASHINGTON, D. C.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: \_\_\_\_\_





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Hornbaker

Reg. Diat. No. 12913 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Month  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 Month

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 303 1/2 N. Locust St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

MRS. GEORGIANNA WELLER VAUGHN

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife John T. Vaughn  
 7. Birth date of deceased (mo., day, yr.) March 13, 1908  
 8. (c) If alive, give age 42 years  
 8. AGE: Years 40 Months 9 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1948 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-22-1944 to 12-20-1948  
 and that I last saw her alive on 12-20-1948

## Immediate cause of death

Adenocarcinoma of left breast

## DURATION

1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Same as aboveDate of op. 3/23/48

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

John H. Hornbaker

M. D. or other

Address 154 W. Washington St. Hagerstown, Md. Date signed 12-21-48

9. Birthplace Westminister, Carroll Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 12. Name George Weller  
 13. Birthplace Westminister Md.  
 14. Maiden name Clara Bentz  
 15. Birthplace Westminister, Md.  
 16. Informant John T. Vaughn  
 Address Hagerstown, Md.  
 17. Burial Date thereof 12/23/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rest Haven Cemetery  
 Location Hagerstown, Md.  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.  
 19. Dec 22, 1948 John H. Hornbaker  
 (Date rec'd by registrar) Registrar



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12914

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 33 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Md. County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 515 S. Potomac St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ----

3. (a) FULL NAME J. Frank Wagner  
 3. (b) Social Security Number ----

4. Sex male  
 5. Color or race white  
 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) October 6, 1891  
 8. AGE: Years 57 Months 2 Days 2 If less than one day ---- hrs. ---- min.

9. Birthplace Greencastle, Franklin Co., Pa.  
 (Town, county, and state)

10. Usual occupation Line Foreman

11. Industry or business City Light Plant

12. Name William H. Wagner

13. Birthplace near Greencastle, Penna.

14. Maiden name Alice E. Walch

15. Birthplace Greencastle, Penna.

16. Informant Mrs. Marguerite Aldridge

Address Chambersburg, Penna.

17. burial Date thereof 12-31-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Greencastle, Penna.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown, Md.

19. Dec 31 19 48 6:48 Wagner  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948 6:05 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 1948 to Dec 28 1948  
 and that I last saw him alive on Dec 28 1948

Immediate cause of death arteriosclerotic coronary heart disease  
 DURATION

Due to acute coronary thrombosis 10:48

acute cerebral thrombosis 11 1948

Due to myocardial heart failure 4d

grade IV 2d

Other conditions hypostatic pneumonia

(Include pregnancy within 3 months of death)

Major findings of operation None

Date of op. ----

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of ----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert Wells M.D.

Address Hagerstown, Md. Date signed 12/30/48

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1949

BUREAU T. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 124152

### 1. PLACE OF DEATH:

County Washington  
City or town Junktown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Main St.  
How long in hospital or institution? at home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Junktown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. main street  
(If rural, give LOCATION)  
2.(a) If veteran, name war no

### 3. (a) FULL NAME

Carrie Estella Warrenfeltz

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Newton Warrenfeltz  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) February 3 - 1865  
8. AGE: Years 83 Months 10 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Junktown Wash. Co. Md.  
(Town, county, and state)  
10. Usual occupation House wife  
11. Industry or business Own Home  
12. Name Martin Luther Stockstager  
13. Birthplace Wash. Co. Md.  
14. Maiden name Caroline Rebecca Waller  
15. Birthplace Wash. Co. Md.

16. Informant Mrs. Guy Webb  
Address Junktown Md.  
17. Burial Date thereof Dec 30, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Junktown Cemetery  
Location Junktown Md.  
18. Funeral director Wm J. Best & Sons  
Address Boonsboro Md.  
19. Dec. 28, 1948 Chas. H. Powers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December - 27 - 1948 at 11:30 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1948 to Dec 27 1948  
and that I last saw him alive on Dec 27 1948  
Immediate cause of death arteriosclerosis  
heart disease  
DURATION  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Sidney Hoventers  
M. D. or other  
Address Junktown Md. Date signed 12-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12916

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
County Hagerstown  
City or town (If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 24 years  
Hospital, institution, or street address where death occurred: Washington County Hospital  
How long in hospital or institution? 9 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 55 W. Bethel Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Ray Nathaniel Washington

3. (b) Social Security Number 215-20-8829

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Ida R. Washington  
6. (c) If alive, give age 39 years  
7. Birth date of deceased (mo., day, yr.) December 25, 1907  
8. AGE: 41 Years Months Days If less than one day hrs. min.

9. Birthplace Duffield, W. Va.  
(Town, county, and state)  
10. Usual occupation Chauffeur

11. Industry or business  
12. Name Benjamin Washington  
13. Birthplace Duffield, W. Va.  
14. Maiden name Edwards  
15. Birthplace Duffield, W. Va.

16. Informant Mrs. Ida R. Washington  
Address 55 W. Bethel Street  
17. Burial Burial Date thereof 12/29/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Cedar Hill Cemetery  
Location Greencastle, Pa.

18. Funeral director William H. Downey  
Address 291 Frederick St Hagerstown  
19. Dec 29 1948 Chas H Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1948 2:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 25 1948 only  
and that I last saw him im alive on December 25 1948  
Immediate cause of death Coronary occlusion DURATION

Other conditions Hypertensive cardiovascular disease, arteriosclerosis, perforated peptic ulcer  
(Include pregnancy within 3 months of death)  
Major findings of operations

Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

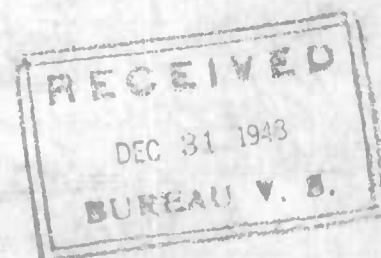
23. SIGNATURE Robert J. Meade M. D. or other  
Address Hagerstown Md. Date signed 12-28-48

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Crofton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long above place of death? 12 days  
 Hospital, institution, or street address where death occurred: Ritchie Hospital  
 How long in hospital or institution? 12 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County...  
 City or town... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1540 McElderry St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... ☒

## 3. (a) FULL NAME

Anna Belle Thilson

## 3. (b) Social Security Number

4. Sex F 5. Color or race Col 6.(a) Single, married, widowed, or divorced Separated  
 6.(b) Name of husband or wife Maurice Tompkins  
 6.(c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.) August 30, 1902  
 8. AGE: Year 46 Months 3 Days 26 If less than one day... hrs. ... min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1948 at 9:05 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 14, 1948 to Dec. 26, 1948 and that I last saw her alive on Dec. 26, 1948  
 Immediate cause of death General circulatory failure on collapse  
 Due to marked malnutrition & debility  
 Due to Chronic disease of heart 1 year with wide infarction 2 mos.  
 Other conditions

## DURATION

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op...  
 Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace Shelby, N.C.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business  
 12. Name Sam Thilson  
 13. Birthplace Shelby, N.C.  
 14. Maiden name Margie McComb  
 15. Birthplace Shelby, N.C.

16. Informant Hospital Records  
 Address

17. Burial Date thereof Dec. 30, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Int. Calvary Cemetery  
 Location A. A. Co. Ind.

18. Funeral director Robert Williams  
 Address 1515 McElderry St.

19. 12/29 19 48 R. W. Hedrick  
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external cause, fill in the following:  
 Accident, suicide, or homicide... Date of...  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. A. McCann, M.D.  
 Address Ritchie Hosp. Date signed 12/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Hirshman

12918

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

1032 Marshall St.

How long in hospital or institution?

8 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1032 Marshall St.  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Fred Henry Wisherd

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jennie E.6. (c) If alive, give age 48 years

7. Birth date of

deceased (mo., day, yr.) June 18, 1898

8. AGE:

Years

Months

Days

If less than one day

5069

hrs.

min.

9. Birthplace Fairview, Washington, Md.

(Town, county, and state)

10. Usual occupation School Bus Operator

11. Industry or business

FATHER  
MOTHER12. Name John J. Wisherd13. Birthplace Fairview, Md.14. Maiden name Alice Trumppower15. Birthplace Dry Run, Pa.16. Informant Mrs. Wilbur SnyderAddress Hagerstown, Md.17. Burial Broadfording Cemetery  
(Burial, cremation, or removal. Which?) Date thereof December 29, 1948  
(month) (day) (year)Cemetery or crematory Broadfording, MarylandLocation Broadfording, Maryland18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Dec. 30, 48 Charles Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1948 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27, 1948 to Dec. 27, 1948  
and that I last saw him alive on Dec. 27, 1948

Immediate cause of death

Coronary occlusion

DURATION

1 1/2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown, Md. Date signed 12/28/48

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JAN 3 1949

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12919

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County.....  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:  
 Washington County Hospital  
 How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 169 Summit Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3.(a) FULL NAME Bertha E. Wolcott

3.(b) Social Security Number  
 214-09-6717

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years  
 T. Birth date of deceased (mo., day, yr.) August 3, 1887

8. AGE: Years 61 Months 3 Days 1 It less than one day  
 .....hrs. ....min.

9. Birthplace Greensburg, Maryland  
 (Town, county, and state)

10. Usual occupation Secretary

11. Industry or business Beachley Furniture Co.

12. Name John Bachtell

13. Birthplace Greensburg, Maryland

14. Maiden name Elva Ridenour

15. Birthplace Greensburg, Maryland

16. Informant Miss Martha E. McCullough

Address Hagerstown, Maryland

17. Burial Date thereof 12-7-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Stouffer Cemetery

Location Greensburg, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Dec 7, 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH December 4, 1948, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2, 1947, to December 4, 1948, and that I last saw him alive on December 4, 1948.

Immediate cause of death Papillary - adenocarcinoma of right ovary - involving uterus  
 DURATION 17 mos.

Due to.....

Due to.....

Other conditions Secondary internal hemorrhage.  
 (Include pregnancy within 3 months of death)

Major findings of operations Papillary adenocarcinoma of right ovary - involving uterus  
 Date of op. 11/3/47

Autopsy results note

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Time Date of

Where did injury occur? Time (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE RBH present m S

Address Hagerstown Md Date signed 12/5/48

M. D. or other



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DEC 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12920

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
246 West Side Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 246 West Side Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Alice Jane Wolfensberger

## 3. (b) Social Security Number

214-09-1701

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 28, 1886 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 62 Months 8 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington County, Maryland  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Silas Wolfensberger  
 13. Birthplace Washington County, Maryland

14. Maiden name Evelyne Kuhn  
 15. Birthplace Washington County, Maryland

16. Informant Hannah Wolfensberger  
 Address Hagerstown, Maryland

17. Burial Date thereof 12-24-48  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Salem Reformed Cemetery  
 Location Near Cearfoss, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Dec. 23, 48 Chas. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 48 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 19 48 to Dec 21 19 48 and that I last saw him alive on Dec 21 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 12/21/48  
5 hours

Due to arteriosclerosis  
Hypertension

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. H. Porterfield MD. M. D. or other \_\_\_\_\_  
 Address 136 W Washington Date signed 12/23/48



*Mr. Lister*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ind correct age is especially important. Physicians: please write the causes of death clearly and legibly

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Yeager

12921  
302

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 48 Years  
 Hospital, Institution, or street address where death occurred:  
820 Virginia Ave  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 820 Virginia Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS BESSIE HELEN WROE

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widow  
 6.(b) Name of husband or wife Frank M.  
 7. Birth date of deceased (mo., day, yr.) October 25 1870  
 8. AGE: Years 78 Months 2 Days 3 If less than one day  
 ..... hr. .... min.

9. Birthplace Hagerstown Wash. Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 FATHER 12. Name Dallas Hoover  
 13. Birthplace Emmitsburg Md.  
 MOTHER 14. Maiden name Amanda Brill  
 15. Birthplace Fayetteville Pa.

16. Informant Miss Elizabeth Hoover  
 Address Hagerstown Md.

17. Burial Date thereof 12/30/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
Hagerstown Md.  
 Location  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.  
 19. Dec 30 48 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

A

20. DATE OF DEATH December 28 1948 19 48 at 12:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20 to Dec 28 19 48  
 and that I last saw him alive on Dec. 27 19 48

Immediate cause of death Carcinoma of  
Prostate Gland  
Intestine

Due to Prostate Gland  
Intestine

Due to Prostate Gland  
Intestine

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Intestine  
Prostate Gland  
 Date of op. Dec. 1948

Autopsy results No  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of Dec 28 48  
 Where did injury occur? X (City or town) X (County) X (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE P. Howard Yeager  
Hagerstown, Md  
 Address Date signed 12-29-48  
 M. D. or other

